



NZMHA CLUB AFFILIATION INCENTIVE CLAIM FORM 2022/2023

AFFILIATED CLUB	
CONTACT PERSON:	
POSTAL ADDRESS:	
EMAIL	
PHONE	
BANK ACCOUNT NUMBER	

Membership List - please list full name of all members the club is claiming the incentive reimbursement for

NAME	NAME

TOTAL NUMBER OF MEMBERS BEING CLAIMED FOR: _____

DATE OF CLAIM – either 1/12/22 OR 1/3/23 _____

Office Use Only: Date Received: _____ Date Paid: _____ Ref#: _____ Date Uploaded: _____

Notes: _____

8/2022

9/2022

