



## Chris Howlett Fund Registration Form

People with Cystic Fibrosis are invited to register with the Cystic Fibrosis Association of New Zealand for a once only cash endowment from the Chris Howlett Endowment Fund. To be paid upon the turning 18 years of age.

**NB: in 2011 the CFANZ Board have agreed to increase the eligible age to 21 years. This change will take effect on 1 July 2012. Anybody reaching 18 years of age before that date is eligible under the current rules. Any pre-registrations for those not yet eligible will be held until they reach 21 years of age.**

You can register yourself, or parents can register on behalf of their child, at any time prior to your/their 19<sup>th</sup> birthday.

To qualify for this grant you need to: have symptomatic Cystic Fibrosis, be a New Zealand resident, be 18 years of age, and register with CF Association's National Office.

Endowments are made when a pre-registered person turns 18 years old or upon receiving registration prior to their 19<sup>th</sup> birthday.

Please complete the Registration Form below or send us a letter with the required information. If you are not already registered with the CFANZ or one of its branches please complete the permission portion of the form for us to confirm your CF status with your Health Professional.

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### Chris Howlett Endowment Registration

Name:	_____	Birth Date:	_____
Address:	_____	Phone:	_____
	_____	Mobile:	_____
City:	_____	Email:	_____
Postcode:	_____	CF Branch:	_____

I wish to register for the Chris Howlett Endowment

Signature:	_____	Date:	_____
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(A parent may sign for an eligible child)

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### Permission to Seek Confirmation of CF status

(if you are not already registered with Cystic Fibrosis NZ or one of its branches)

I give permission for the Cystic Fibrosis Association of New Zealand to seek confirmation of CF status from my Doctor.

Name of Person with Cystic Fibrosis: \_\_\_\_\_

Name of Parent: \_\_\_\_\_  
(if child under 16 years)

Signature: \_\_\_\_\_

Health Professional / Clinic: \_\_\_\_\_

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Please mail this form to:  
**Administration Manager, CF Association New Zealand, PO Box 8241, Christchurch 8440**