



Membership Form 2010

Please send with payment to
The New - Zealand Association
PO Box 12542 Wellington 6144

I require a receipt

I enclose as membership fee

\$15 per calendar year for single/solo parent household, \$ 30 for couples/families and \$ 35 for corporate

Members:

Adults: _____

Child: _____ Age: _____ Child: _____ Age: _____

Child: _____ Age: _____ Child: _____ Age: _____

Contact details:

Address: _____ Phone (home): _____

_____ Phone (work): _____

_____ Mobile: _____

Email: _____ (email would be great for emergency announcements even if you choose not to receive the newsletter via email)

I would like my newsletter and information via email

Privacy Act Statement: I agree to have my name mentioned in the newsletter in a positive way

Signature: _____

Comments/Questions/Suggestions _____
