

MEMBERSHIP OR PAYMENT FORM

First name

Last name

PARENT or
GUARDIAN

Date of Birth

Male

Female

CHILD/REN

ADDRESS

Home

Work

Mobile

PHONE/s

EMAIL

NEW MEMBERSHIP OR

\$30.00

SUB-RENEWAL

\$20.00

\$

DONATION

\$

(Donations \$5 and over are tax deductible)

OTHER

\$

TOTAL AMOUNT

\$

RECEIPT REQUIRED?

YES

NO

PAYMENT BY CHEQUE:

Please PRINT THIS FORM and mail with cheque to:

Postal Address: PO Box 9063, Newmarket 1149, Auckland, New Zealand.