

MEMBERSHIP FORM

**NEW ZEALAND
AMERICAN ASSOCIATION (Inc.)**



Date of application: _____

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Contact Details:

Street or P.O. Box: _____

Suburb / City: _____

Phone: _____

Email: _____

Occupation: _____

Annual Subscription: Please **Family \$50**

Student \$10

Adult \$30

PAYMENT: Please transfer \$ to our Westpac acct : 03-0502-0067504-00

OR

Make cheques payable to "The New Zealand American Association" and post to:

NEW ZEALAND AMERICAN ASSOCIATION (Inc.)

MEMBERSHIP

P.O. BOX 2957

WELLINGTON.

Thank you for joining the **New Zealand American Association (Inc.)**