



APPLICATION FOR MEMBERSHIP

TITLE (Mr/Mrs//Miss/Dr/etc) _____

FIRST NAMES (if applying for joint membership include names of family members)

SURNAME _____

E-MAIL ADDRESS _____

POSTAL ADDRESS _____

TELEPHONE NUMBER _____ (Home) _____ (Cellphone)

OCCUPATION _____ DATE OF BIRTH _____

MEMBERSHIP CATEGORY

Subscription for the year 2011 (Please indicate membership category). Overseas members please add \$10 to each subscription. (Payment must be in NZD.)

Individual \$30

Joint (members of same family resident at same address) \$35

Student (attending educational institution full-time, and under 25 years of age) \$15

Life Membership \$500

Enclose a cheque made out to "Monarchy New Zealand"

Alternatively, our bank account number for direct deposit is 02-0192-0503795-000. Please ensure you include your name as a reference.

SIGNATURE _____

DATE _____

Please return completed application form to:

Monarchy New Zealand
P.O. Box 128519, Remuera, Auckland 1541
New Zealand