

ANZLA APPLICATION FOR MEMBERSHIP

Please print out and send the filled out form to:

**The Treasurer
Mike Dimoline
17 Phoebe Meikle Place
Torbay Heights
Auckland 0630**

Full Name: _____

Address: _____

City _____

Post Code _____

Country _____

Phone (Home) (__) _____

Mobile _____

Email: _____

Web Site _____

Date of Birth: __ / __ / ____

Signature: _____

Please either use Internet Banking ANZLA Westpac Account 03-1694-0147492-00

OR

Attach your subscription cheque with your application

A Family Membership may include you, your partner, and children under 20 years all living at the same address. Students must be under 20 years old.

| Membership type | Receive newsletter by | | Enter amount |
|-----------------|-----------------------|------|--------------|
| | Email only | Post | |
| Family | \$50 | \$60 | |
| Adult | \$35 | \$50 | |
| Student (<20y) | \$25 | \$30 | |

For Family membership, please enter the names and dates of birth of other family members:

_____ / ____ / _____

_____ / ____ / _____

_____ / ____ / _____