

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 03-1594-0147492-00

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:

_____ / ___ / _____

_____ / ___ / _____

_____ / ___ / _____