

## Membership Application Form 2021

Name:				
Address:				
Phone: (home)		(mobile)		
Email:				
Type of Membership:	☐ Full \$40	☐ Junior \$40	☐ Business \$60	
Declaration: I support the	: Objectives of th	ne Society and agree	to abide by their Constitution.	
Signed	Date:			
Signed by Parent/Guardia	an if under 15 yea	ars of age		
Paid in cash	aid in cash		Paid by cheque	
☐ I will pay online to Fe	errymead Printir	ng Society, Account r	number 03 0830 0338510-01	
-	_		rence and to confirm your errymeadprint.org.nz	
	Welcome	e to the Society	<b>/</b> !	
~		\$	کر ا	
Office Use: Copy to I	Membership Sed	cretary 🗌 Copy to	President	