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MEMBERSHIP APPLICATION FORM

Here at the Whangarei A&P Society we are passionate about championing the Rural Sector for a new generation. Become a part of the Society to assist us with our vision to further Agricultural interests within our community.

I wish to become a Member of the Society as follows (please tick):

- Annual Standard Membership (*Over 18 years of age*) **\$40.00**
- Annual Youth Membership (*17 years of age or under*) My date of birth is: _____ **\$15.00**
- Yes, I have paid by Direct Credit to: BNZ Whangarei 02-0492-0044666-00
(Please use your surname and initial as reference.)
- Amount Paid: _____ Date Paid: _____
- OR** Payment is enclosed
- I was asked to join by another Member. Their name is: _____

Name: _____

Address: _____

Phone: _____ Mobile: _____ Fax: _____

E-mail: _____

FOR OFFICE USE ONLY

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|-------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Receipt No: | <input type="checkbox"/> Date Paid: |
| <input type="checkbox"/> Membership List: | <input type="checkbox"/> Membership No: |
| <input type="checkbox"/> Database: | <input type="checkbox"/> Rcpt/ Newsletter Sent: |