

New Zealand - American Association

Membership form



Date of application: _____

Name: _____

Mailing address

Street or P.O. Box: _____

Suburb: _____

City: _____

Contact telephone: _____

Email: _____

Annual Subscription *(please tick box)*

\$20 single

\$35 double

\$100 corporate

Please make cheque's payable to 'New Zealand - American Association' and post to:

The New Zealand American Association (inc)

Membership

PO Box 2957

Wellington

Thank you for joining the New Zealand - American Association