



**NEW ZEALAND CHINESE ASSOCIATION
AUCKLAND INC**
紐西蘭屋崙華聯會

P O Box 62 589 Greenlane Ak.1546

auckland.nzchinese.org.nz

Annual Membership Form

email completed form to nzca.akl@gmail.com or post to address above

Membership Type Please tick (✓)	<input type="checkbox"/> New Member <input type="checkbox"/> Renewal : Mem. No. [] [m] [f]		
* Applicant	* Surname	* First Names	* Date of Birth
Spouse/Partner	*	*	*
Dependent children under 18 years	*	*	*
	*	*	*
	*	*	*
* Postal Address	* Street No. * Street Name		
	* Suburb	* City	* Postcode
	* Home #		
* Contact Details Please print clearly	Work #		
	* Mobile #		
	* Email #		
Annual Membership Fee Please tick (✓)	<input type="checkbox"/> Individual \$ 10	Payment Methods Please tick (✓) <input type="checkbox"/> Make cheques payable to NZCA Auckland Inc. and post to NZ Chinese Assn Auckland Inc P O Box 62 589 Greenlane Ak.1546 <input type="checkbox"/> Direct credit to ANZ Bank account # 06 0287 0016463 00 with reference to Applicant surname / initials / Mem No.and date of application in particulars.	
	<input type="checkbox"/> Family \$ 20 Includes spouse/partner and dependent children under 18 years		
	<input type="checkbox"/> Donations \$ _____ Are kindly accepted and contribute to funding our events and initiatives		
Total Paid	\$ _____		
Volunteer Please tick (✓)	I / we volunteer to help NZCA Auckland Inc. in the following: <input type="checkbox"/> Chinese School <input type="checkbox"/> Social Activities/Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Translation <input type="checkbox"/> Other please specify _____		

Declaration: I apply to become an Ordinary/Family (delete one) Member of the New Zealand Chinese Association Auckland Inc. I declare that I am of Chinese descent, a spouse of a Chinese person, or child of a Chinese person, over 18 years of age and agree to abide by the Rules of the Association on acceptance as a Member.

* **Signed:** _____ **Date:** _____ / _____ / _____