NEW ZEALAND CHINESE ASSOCIATION AUCKLAND INC
紐西蘭屋崙華聯會
PO Box 484 Shortland St, Auckland 1140 www.nzchinese-akld.org.nz

Membership Form

email completed form to cojay@xtra.co.nz or post to address above

Membership Type Please tick (✓)	☐New Member ☐Renewal		
Applicant	Surname	First Names	Date of Birth
Spouse/Partner	Surname	First Names	Date of Birth
Dependent children under 18years	Surname	First Names	Date of Birth
	Surname	First Names	Date of Birth
	Surname	First Names	Date of Birth
Address	Street Number Street Name		
	Suburb City Postcode		
Contact Details	Home #		
	Work #		
	Mobile #		
	Email		
Annual Membership Fee Please tick (✓)	☐ Individual $ 10 ☐ Family $ 20 Includes spouse/partner and dependent children under 18years ☐ Donations $____ Are kindly accepted and contribute to funding our events and initiatives		
Total Paid	$ _____		

Payment Methods Please tick (✓)

☐Make cheques payable to NZCA Auckland Inc. and post to NZ Chinese Assn Auckland Inc, PO Box 484, Shortland St, Auckland 1140.

☐Direct credit to National Bank account # 06 0287 0016463 00 with reference to Applicant surname and initials and date of application in particulars.

Volunteer Please tick (✓)

I/we can volunteer to help NZCA Auckland Inc. in the following:

☐ Chinese School ☐ Social Activities/Events ☐ Fundraising

☐ Translation ☐ 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:** / /