



MEMBERSHIP FORM

New Zealand Women's Association

FIRST NAME

.....

SURNAME

.....

MRS / MISS / MS / DR

MAIDEN NAME

.....

ADDRESS

.....

.....

POSTCODE

EMAIL

.....

HOME TELEPHONE

MOBILE

.....

OCCUPATION

.....

NEW ZEALAND HOME TOWN

.....

PLEASE ENCLOSE YOUR SUBSCRIPTION OF £15.00

1 AUGUST 2011 - 31 JULY 2012

MAKE CHEQUE PAYABLE TO **NZWA**

AND RETURN TO

THE SECRETARY NZWA

43 HOMESTEAD ROAD ORPINGTON KENT BR6 6HN