Membership Application Form

Mr Mrs Ms Other

First Name(s) …………………………………………………………………………………

 (print)

Surname(s) ………………………………………………………………………………………

 (print)

Address ………………………………………………………………………………………….

 (print)

…………………………………………………………… Postcode ……………………………………

Phone ………………………………….Email………………………………………………….

 (print clearly)

Branch…………………………………………………………………..

 ***Annual subscriptions are from 1 April to 31March***

 **Single: $40.00 Family: $45.00**

(one person) (two or more)

**Payment methods:**

1. By Internet Banking to NZ Camellia Society 06 0574 0100 617 00.

 Please record your surname and initial(s) in the bank’s “reference”

 panel for it to be recorded on the Society’s bank statement. And

 record the date paid…………………………Please tick the appropriate

 box

 or

1. By cheque made payable to the NZ Camellia Society to accompany

 this form.

**Please fill in this form (for both payment methods) and send to:**

Membership Officer

NZ Camellia Society Inc

Rita Verry

15E Omaruni Road

R.D.3

Napier 4183

 Phone: 06 8454 568 or 027 677 8584

 email: nzcamelliamembership@gmail.com

 Website: [www.nzcamellia](http://www.nzcamellia)society.co.nz