

NATIONAL DAFFODIL SOCIETY OF NEW ZEALAND INC.
MEMBERSHIP FORM

PLEASE SEND TO:-

MRS DENISE E MCQUARRIE

NDS SECRETARY

26 GREENHILL ROAD

NGATIMOTI

RD1

MOTUEKA

NEW ZEALAND 7196

I/WE WISH TO BECOME A MEMBER/MEMBERS OF THE NATIONAL DAFFODIL SOCIETY OF NEW ZEALAND INC.

NAME (S) _____

ADDRESS _____

COUNTRY IF INTERNATIONAL MEMBER _____

PHONE _____ / _____ E-MAIL ADDRESS _____

PLEASE TICK THE APPROPRIATE BOX (ES)

FULL MEMBER: \$30 *ASSOCIATE MEMBER: \$10 JUNIOR (UNDER 18): \$10

AFFILIATED SOCIETIES: \$20

MY CHEQUE/BANK DRAFT FOR \$.....IS ENCLOSED

PLEASE MAKE CHEQUE PAYABLE TO NATIONAL DAFFODIL SOCIETY OF NEW ZEALAND INC.

PAYMENT MAY ALSO BE MADE VIA INTERNET OR PHONE BANKING: Bank A/C No. 020300005047200. PLEASE INCLUDE YOUR NAME AND THE WORD "SUB" WITH YOUR PAYMENT.

*ASSOCIATE MEMBERS TO BE IN THE SAME HOUSEHOLD AS A FULL MEMBER.