

NATIONAL DAFFODIL SOCIETY OF NEW ZEALAND INC.
MEMBERSHIP FORM

PLEASE SEND TO:-

MR WILFRED HALL
SECRETARY
NATIONAL DAFFODIL SOCIETY OF NZ INC
105 WALLACE LOOP ROAD
RD1 LEVIN
NEW ZEALAND 5500

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) \$5

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

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

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