

# The National Daffodil Society of New Zealand (Inc)

## MEMBERSHIP FORM



PLEASE SEND COMPLETED FORM TO:-

MS CATHERINE MCKAY

NDS SECRETARY

35 SEAVIEW ROAD, NEW PLYMOUTH

NEW ZEALAND 4310

EMAIL:- [natdaffsoc@gmail.com](mailto:natdaffsoc@gmail.com) with any queries

I/WI 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 SOCIETY: \$20

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

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

PAYMENT MAY ALSO BE MADE VIA INTERNET OR PHONE BANKING:

Bank A/C No. 02 0300 0050472 00. PLEASE INCLUDE NAME OF MEMBER AND THE WORD "SUB" WITH YOUR PAYMENT.

\*ASSOCIATE MEMBERS TO BE IN THE SAME HOUSEHOLD AS A FULL MEMBER. AN ASSOCIATE MEMBER HAS FULL MEMBER'S RIGHTS BUT ONLY ONE COPY OF OUR PUBLICATIONS WILL BE SENT TO THE RELEVANT HOUSEHOLD.

I AGREE  DISAGREE  TO MY DETAILS BEING SHARED (WITH OTHER MEMBERS OF THE NDS ONLY) THROUGH A PRINTED MEMBERSHIP LIST.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_