The National Daffodil Society of New Zealand (Inc)

Membership form

Please send COMPLETED FORM to: MR mIKE SMITH

 NDS SECRETARY

 90A POOLE STREET, MOTUEKA

 NEW ZEALAND 7120

Email: mikesmithmotueka@gmail.com with any queries

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 SOCIETY: $20 

PAYMENT 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  DISGREE  TO MY DETAILS BEING SHARED (WITH OTHER MEMBERS OF THE NDS ONLY) THROUGH A PRINTED MEMBERSHIP LIST.

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