New Membership Form



Dear New Supporter,

Thank you for deciding to join the Supporters of Tiritiri Matangi. We are delighted that you are able to offer your support for our wonderful Island and the work that we do there.

Please complete the following sections and then return this form to our membership secretary at the address below.

Name(s)			
Address			
Email		Phon	e
Subscription amo	unt		
Regular \$30 (indiv	ridual & family), Student	with NZ address \$15, (Overseas \$35.
Donations welcom	ne		
Total enclosed			
Payment Optio	ns		
	12 3059 0283520 00 upporters of Tiritiri Mata pership		<u>e:</u> ption is no longer available
<u>Credit card</u> :	Visa	Mastercard	
Card number:	//	/	Expiry Date /
Name on card			CSV No (three digit number from back of card

Please send the completed form with payment / payment information to:

Membership Secretary, Supporters of Tiritiri Matangi Inc, PO Box 90 814, Victoria Street West, Auckland 1142

Or scan and email to membership@tiritirimatangi.org.nz

Please note that each membership must be approved by the Committee - Payment will be refunded if membership is not approved