

KAURI CLUB

Membership Application Form

Name: _____

Postal Address: _____

Email: _____

Phone (bus): _____

Phone (a/h): _____

Phone (mobile): _____

Payment \$50 (inc GST)

Chq Cash Please invoice

Credit Card M/Card VISA

CC No: ____ / ____ / ____ / ____

Exp Date: __ / __

Card Name: _____

Signature: _____

Please complete and return this form with payment to:

The Administrator
Kauri Club
P O Box 1492
Whangarei