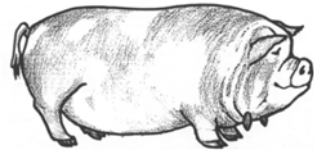


# Membership Application Form



**Information (please print or type)**

NAME	
POSTAL ADDRESS	
CITY	
COUNTRY	
POST CODE	
PHONE	
CELL	
FAX	
E-MAIL	

**PLEASE READ THIS SECTION**

I agree to the following details being published in the newsletter/or website, and my details being available to people wanting to contact Kunekune owners (TICK BOXES THAT YOU AGREE TO).

NAME	<input type="checkbox"/>
ADDRESS	<input type="checkbox"/>
PHONE	<input type="checkbox"/>
EMAIL	<input type="checkbox"/>

**Sub Enclosed    SINGLE \$25.00 / DOUBLE \$ 30.00**

\$	
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Signature:	
Date:	

Please make cheques to: NZ Kunekune Association OR INTERNET BANK to **ANZ 11 8532 0262382 11**  
 To receive newsletter, please mail OR SCAN AND EMAIL completed form to:

Debbie Clarke / Secretary  
 PO Box 301 263  
 Albany Auckland 0752  
 NEW ZEALAND  
 georgedebbieclarke@gmail.cpm

<b>Office Use Only</b>	
D/R <input type="checkbox"/>	Payment \$ <input type="text"/> Receipt <input type="checkbox"/>
D/P <input type="checkbox"/>	Chq <input type="checkbox"/> Cash <input type="checkbox"/> D/D <input type="checkbox"/>