

The National Daffodil Society of New Zealand (Inc)

MEMBERSHIP FORM



PLEASE SEND COMPLETED FORM TO: MR TREVOR ROLLINSON
NDS SECRETARY
83 LIFFEY SPRINGS DRIVE, LINCOLN
NEW ZEALAND 7608
EMAIL: trollin@outlook.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: \$55 ☐ FULL OVERSEAS MEMBER: \$60 ☐ *ASSOCIATE MEMBER: \$15 ☐

*JUNIOR (UNDER 18) \$10 ☐ AFFILIATED SOCIETY: \$30 ☐

PAYMENT VIA INTERNET OR PHONE BANKING: BANK A/C No. 38-9009-0513313-05.
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: _____