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## APPLICATION FOR MEMBERSHIP

I \_\_\_\_\_  
Full Name

Of (full address)

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date approved \_\_\_\_\_

**If you have any queries please contact us on the number above.**

## ANNUAL MEMBERSHIP FEE

TAX INVOICE \_\_\_\_\_ (Office Use Only)

GST Number : 15-600-252

DESCRIPTION	AMOUNT
Subscription 1 <sup>st</sup> February 2018 to 31 <sup>st</sup> January 2019	26.07
<b>SUB-TOTAL</b>	26.07
<b>GST</b>	3.93
<b>TOTAL</b>	<b>\$30.00</b>

Please fill in this application, take a copy for yourself and return with payment to:  
Waikato A&P Association, PO Box 14161, Hamilton 3252.

OR

Direct Credit to: BNZ 020316 0400334 00