

# WCA MEMBERSHIP SUBSCRIPTION FORM

<b>APPLICANT:</b>	
NAME:	DOB:
<b>SPOUSE/PARTNER:</b>	
NAME:	DOB:
<b>DEPENDANT CHILDREN UNDER 18L</b>	
NAME:	DOB:
NAME:	DOB:
NAME:	DOB:

<b>ADDRESS:</b>		
No:	Street Name:	
SUBURB:	CITY:	POST CODE:
<b>CONTACT DETAILS:</b>		
HOME:	WORK:	MOBILE:
E-MAIL:		
<b>MEMBERSHIP (Put a 'Y' next to the type of membership):</b>		
Family: \$25	COUPLES: \$20	INDIVIDUAL: \$12
Donations would be appreciated: \$		TOTAL PAYABLE: \$

**PAYMENT METHODS (Put 'Y' in between Brackets):**

( ) Make cheques Payable to NZCA Waikato Branch Inc. And post to P.O. Box 9294, Waikato Mail Centre, Hamilton 3240

# **WCA MEMBERSHIP SUBSCRIPTION FORM**

( ) Direct Credit to Acct# 03-1560-0056023-00, NZCA Waikato Branch. Put first name and initial of last as reference please