



MEMBERSHIP APPLICATION

Mr Mrs Miss Ms Dr

First Name _____

Surname _____

Address _____

Telephone: Residential _____

Business _____

Mobile _____

Email: _____

- | | |
|--|----------|
| <input type="checkbox"/> Friend | \$95.00 |
| <input type="checkbox"/> Senior | \$75.00 |
| <input type="checkbox"/> Student* | \$50.00 |
| <input type="checkbox"/> Practising Artist | \$95.00 |
| <input type="checkbox"/> Senior | \$75.00 |
| <input type="checkbox"/> Student* | \$50.00 |
| <input type="checkbox"/> Donor | \$250.00 |
| <input type="checkbox"/> Business | \$350.00 |
| <input type="checkbox"/> Corporate | \$650.00 |

* Students must be enrolled at a recognized educational institution as a FULL-TIME student. Please provide a copy of your ID or your number and expected graduation date.

° Payment can be made online to our bank account 06-0561-0014541-00. Please enter your surname and 'memshp' in subscription fields and advise us of this payment on your form.

PLEASE SEND COMPLETED FORM AND PAYMENT TO:

New Zealand Academy of Fine Arts
Wharf Offices Apartment Building
1 Queens Wharf, Wellington 6011

Ph: 04 499 8807. Email: info@nzafa.com. Website: www.nzafa.com