



NZ Academy of Fine Arts

Membership Application

Mr Mrs Ms Other (please tick)

First Name: _____

Surname: _____

Address: _____

_____ () Post code

Telephone:

Residential: () _____

Business: () _____

Email: _____

Proposing Member: - (optional) proposers receive a discount on their annual subscription _____

Membership Category (please indicate)

Subscription year runs from 1 April to 31 March

Corporate \$625 Business \$325

Donor \$150 Practising Artist \$80 Friend \$80

Senior \$55 Student \$50

Send your completed application form and payment to:

Membership
NZ Academy of Fine Arts
Wharf Offices Apartments
1 Queens Wharf
WELLINGTON 6011