



# 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      \$650       Business      \$350

Donor      \$250       Practising Artist      \$85       Friend      \$85

Senior      \$60       Student      \$50

Send your completed application form and payment to:

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