



New Zealand Chinese Association (Canterbury Branch) Inc.
紐西蘭堅都布厘華聯支會

22 St Asaph Street, Christchurch
 PO BOX 31-276, Ilam, Christchurch. 8444

Membership Application Form

Annual 1st Jan- 31st Dec

Please Print Clearly

Please add further applicants on this form if at same address

*Nominator must be an existing member

Title Mr/Mrs/Miss Ms/Dr/Prof	Family Name 英文姓氏	First Name 英文名	Chinese Name 中文姓名	DOB 出生日期	Occupation 職業	*Nominator required if New Applicant 推薦人	Membership Annual 會費 Fee \$15	New Member Entry Fee 新會員費加\$5 Add \$5	Donations 捐款
	Family Name	First Name	Chinese Name	DOB / /	Occupation	Nominator	\$	\$	\$
	Family Name	First Name	Chinese Name	DOB / /	Occupation	Nominator	\$	\$	\$
	Family Name	First Name	Chinese Name	DOB / /	Occupation	Nominator	\$	\$	\$
	Family Name	First Name	Chinese Name	DOB / /	Occupation	Nominator	\$	\$	\$

Address 地址	Street Number	Street Name		Post code	Totals Donations over \$5 have Tax Credit Claim Entitlement Please Tick <input type="checkbox"/> for receipt 總銀碼 Total Payment → \$
	Suburb	City			

Contact Details Details 聯絡	Name Phone#	Name Phone#	Name E-mail address	Name E-mail address
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Payment Method 付款方法 Please Tick(✓)

Make Cheque payable to "NZCA Canterbury" and post to NZCA Canterbury, PO Box 31-276, Ilam, Christchurch 8444

Direct Credit to NZCA(Cant) bank account 03-0802-0003908-03 with reference **Surname, First name, Phone Numbers** in particulars

Please return all forms via post to address:- **NZCA Canterbury PO Box 31-276, Ilam, Christchurch 8444**

Volunteer Please Tick(✓)	<i>I/We volunteer to help NZCA Canterbury in the following:</i>			Preference for Receiving Newsletter Please Tick(✓)
	<input type="checkbox"/> Chinese school	<input type="checkbox"/> Social Activities/Events	<input type="checkbox"/> Fundraising	<input type="checkbox"/> E-mail
	<input type="checkbox"/> Translation	<input type="checkbox"/> Others Please Specify _____		<input type="checkbox"/> Post

Declaration: I/We apply to become a Member/s of the New Zealand Chinese Association Canterbury
 I/We agree to abide by the Rules of the Association on acceptance as a Member/s.

簽名 *Signed: _____

Date: ____ / ____ / ____