



New Zealand Chinese Association (Canterbury Branch) Inc.

紐西蘭堅都布厘華聯支會

22 St Asaph Street, Christchurch Central, Christchurch 8011

Membership Renewal Form for 16 years and over Annual 1st Jan- 31st Dec

Please Print Clearly

Please add further applicants on this form if at same address

Title Mr/Mrs/Miss Ms/Dr/Prof	Family Name 英文姓氏	First Name 英文名	Chinese Name 中文姓名	Membership Annual 會費 Fee \$15	Donations 捐款
1	Family Name	First Name	Chinese Name	\$	\$
2	Family Name	First Name	Chinese Name	\$	\$
3	Family Name	First Name	Chinese Name	\$	\$
4	Family Name	First Name	Chinese Name	\$	\$
Totals				\$	\$

Donations over \$5 have Tax Credit Claim Entitlement.

Please Tick for receipt

Address	Street Number	Street Name		
	Suburb	City	Post code	
Contact Details 聯絡	Phone 1		Phone 2	
	E-mail address 1		E-mail address 2	

PAYMENT

Direct Debit

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

22 St Asaph Street, Christchurch Central, Christchurch 8011

or Email completed form to:- nzcacanterbury@gmail.com

Objectives for membership		<i>I/We volunteer to support NZCA Canterbury in the following:</i>		
Please Tick(✓)	<input type="checkbox"/> Chinese school	<input type="checkbox"/> Social Activities/Events	<input type="checkbox"/> Fundraising	
	<input type="checkbox"/> Translation	<input type="checkbox"/> NZCA Sports Tournament	<input type="checkbox"/> YLC/LDC Programme	
	<input type="checkbox"/> Others Please Specify _____			
Preference for Receiving Newsletter		Please Tick(✓)	<input type="checkbox"/> E-mail	<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: ____ / ____ / ____

