



60s Up Movement of New Zealand Inc

New ☐ Renewal ☐

Membership/Renewal Form

Dual member ☐

Please complete this form (even for renewal as it allows us to keep your details up to date) and return it with your subscription payment of \$_____. We appreciate your support and hope that you will enjoy your membership.

Pursuant to the Privacy Act 1993, all information collected is confidential to the 60's Up Movement of New Zealand Inc.

I/We enclose my/our membership subscription of \$_____ per person, for the year ending 31st March 20_____.

Please tick appropriate box

☐

No change

Details changed

☐

Mr/ Mrs/ Ms _____
First Name(s) (Please print CLEARLY) Last Name

Address _____
_____ Post Code _____

E-mail _____ Home Phone _____

Emergency Contact: (A person we can contact in the event of a mishap/illness during a Branch activity – (NOT another member)

Contact Name _____ Phone _____

Take to a General Meeting or Mail to your Treasurer



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