



Application Form For Membership

Zarathushtrian Association of New Zealand

P.O. Box 251128, Pakuranga, Auckland, New Zealand

Dear Committee Member,

I wish to become a: (tick appropriate box)

- | | | |
|--------------------------|-------------------|------------------------|
| <input type="checkbox"/> | Life Member | (One off Fee of \$300) |
| <input type="checkbox"/> | Ordinary Member | (Annual Fee of \$30) |
| <input type="checkbox"/> | Outstation Member | (Annual Fee of \$10) |

There will be a one off joining fee of \$10 for all new members.

Membership is valid from April 1st of the current year to March 31st of the following year.

I am a Zarathushtrian who has been initiated into the faith and am professing the Zarathushtrian religion.

I agree to abide by the Memorandum and rules and regulations as stated in the ZANZ Constitution, as long as I remain a member of the Zarathushtrian Association of New Zealand. A copy of which I have read from the ZANZ website.

I note that the annual subscriptions for ordinary membership is payable on 1st April every year. I understand that my membership will be terminated if the annual subscription payment is not received by 30th of April and I would have to reapply to join the association (i.e. repayment of the \$10 re-joining fee along with annual fees).

Yours truly,

Signature Date:

Please Enter Personal Information in Block Capitals Only

Last Name _____ First Name _____

Profession / Occupation _____

Street Address _____

Suburb _____ City _____

Work Tel # _____ Home Tel # _____

Mobile # _____ Email _____

Enclosed Cheque for \$ _____ (in words) _____