

SLANZA Membership Application Form 2008

Please print this form and then complete all the details as requested:

Full Name
Academic Qualification.....

School/Organisation
SLANZA region.....

Contact Details:

Work address
.....
..... (add post code)

or if preferred Home Address.....
.....
.....(add post code)

Preferred Phone (0...).....

Preferred email address.....

Position in your School/Organisation
e.g. Library Manager, Library Assistant, TLR, Principal etc.

Annual Subscription \$ 45.00
(personal but may be paid by your rganisation)

Cheque enclosed..... Direct credit.....
Date credited..... to SLANZA at ANZ 011188 0047656 00

Signed..... date.....

Please send completed form and payment details to:
SLANZA
P.O.Box 12578
Thorndon
Wellington 6144

**NB. No details from your form are supplied to any other
organisation without your signed permission.**

Office use: Receipt no..... date.....
Confirmation date.....

Database entry.....