



2008 SLANZA Membership Application

Full Name :
School/Organisation:
Address:
Post Code:

Please return this form with your payment of \$45.00 (2008 subscription)to:

Treasurer/Membership Secretary
SLANZA
P.O.Box 12578
Thorndon
Wellington 6144

Your subscription is personal but may be paid by your organisation

If you prefer:

Direct credit to: ANZ 0111 88 0047656 00.

Please add your name or organisation to the direct credit payee details and return this form.

SLANZA Region:
Position in your organisation:
Academic Qualification:
Preferred Phone:
Preferred email:

I agree to receive email communications from SLANZA

Signed _____ **Date** _____

The membership information is given to your SLANZA regional chairperson. No details from our database are passed on to any other person, organisation or commercial enterprise without your express written permission

For office use only:

Receipt number:
Receipt/membership confirmation date:

Payment received:
Date entered: