



School Library Association of New Zealand Aotearoa Te Puna Whare Matauranga a Kura

Please complete this form and return it to:
SLANZA
Executive Officer
PO Box 631
Palmerston North 4440

Please note that your subscription is personal, but may be paid by your organisation

Member's personal information

Full name of member

Qualification(s) held

Organisation / School name

Position in your organisation

Member's contact information

Address *Number, Street Name, PO Box*

Town / City, Postcode

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Work

Phone *Home*

Work

I wish to become a member of the School Library Association of New Zealand Aotearoa
Te Puna Whare Matauranga a Kura

I have enclosed / arranged payment of the \$50 subscription fee for membership 2010.

Signed

Date

The information you have provided 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.

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Cheque payment

Post with this application form, to:
SLANZA
Executive Officer
PO Box 631
Palmerston North 4440

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