



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

Membership Application

Please complete this form and return it (irrespective of payment method) to:

SLANZA Administration Officer

PO Box 27321

Marion Square

Wellington 6141

admin@slanza.org.nz

| | |
|---|--|
| Name | |
| Address City Postcode | |
| Email | |
| Phone | |
| School or organisation | |
| Type of school (eg primary, secondary) | |
| Position | |
| Alternative email | |

Please note that your subscription is personal, but may be paid by your organisation. SLANZA is not registered for GST. Membership is for a calendar year (1st January to 31st December).

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

I have enclosed / arranged payment of the \$60 membership fee for 20____.

Payment methods

Cheque payment

Post with this application form to:

SLANZA Administration Officer

PO Box 27321

Marion Square

Wellington 6141

Direct credit / Internet banking

Bank: ANZ

Account name: SLANZA

Account number: 01 1188 0047656 00

Please include your name and organisation in the Payee information

| | |
|--------------|------------|
| Signed | Date |
|--------------|------------|

The information you have provided is for SLANZA use only. SLANZA will not pass on your information to any other person, organisation or commercial enterprise without your express written permission.