

OTOROHANGA KIWI HOUSE & NATIVE BIRD PARK
(OTOROHANGA ZOOLOGICAL SOCIETY INC.)

MEMBERSHIP APPLICATION

YOUR DETAILS

NAME: _____

ADDRESS: _____

POSTCODE: _____

COUNTRY: _____

EMAIL: _____ PHONE: _____

<input checked="" type="checkbox"/> SUBSCRIPTION TYPE	
<input type="checkbox"/> Life Member	\$1,000.00
<input type="checkbox"/> Family [12 months]	\$30.00
<input type="checkbox"/> Single [12 months]	\$20.00

<input checked="" type="checkbox"/> SUBSCRIPTION TYPE	
<input type="checkbox"/> Junior [12 months]	\$6.00
<input type="checkbox"/> Donation	\$
[please specify amount you would like to donate]	

I'D LIKE TO PAY BY CHEQUE / MONEY ORDER [must be in New Zealand Dollars]

PLEASE CHARGE MY CREDIT CARD:

CREDIT CARD INFORMATION

NAME ON CARD: _____

CARD NUMBER:

CARD TYPE: **VISA / MASTERCARD** [sorry other cards not accepted] EXPIRES: ____ / ____

PURCHASE AMOUNT: NZ\$ _____

SIGNATURE OF CARDHOLDER: _____ DATE: _____

Once complete, return this form with your payment to:

OTOROHANGA ZOOLOGICAL SOCIETY INC.
PO BOX 222
OTOROHANGA 3940
NEW ZEALAND

PHONE: +64 7 873 7391
EMAIL: manager@kiwihouse.org.nz

OR FAX THIS FORM TO: +64 7 873 7356