

# ASI Membership Application

Name	
Address	
City	Postcode
Phone	
Email	
Postal Address <small>(if different from above)</small>	
City	Postcode

Under the provisions of the Privacy Act 1993, You may check your personal data held by the club and supply us with the corrected details at any time.

I declare that all the information above is true and correct to the best of my knowledge

Signed \_\_\_\_\_

Date \_\_\_\_\_

## Payment

Membership Fee: \_\_\_\_\_  Ordinary (\$10)  Life (\$0)  
(see [www.aucklandskydivers.co.nz](http://www.aucklandskydivers.co.nz) for current fee details)

Payment:  Cash  Cheque  Electronic  
Account: 01-0288-0067908-00  
Reference: Your surname

Membership is valid until 31 December of the year of application. No membership fees will be accepted unless accompanied by this form. New membership is conditional on approval by the committee.

This form can be:

- Handed to any committee member.
- Emailed to [secretary@aucklandskydivers.co.nz](mailto:secretary@aucklandskydivers.co.nz)
- Posted to: ASI Secretary, P.O.Box 550, Shortland Street, Auckland 1140.

## Office Use Only

Payment

\_\_\_\_\_  
(Verified)

Approved

Database

Mailing List