

INCORPORATED

Membership Type (Select One):	Individual - \$25.00 Per Year	Family - \$50.00 Per Yea
To apply for membership please complete all fields.		
First Name ;	Surname ;	
Address :		
Phone No. :	E-Mail :	
I would also like to make a personal donation to the Makarau Hall (optional) Donation Amount: \$		
Please note: All personal donations over \$5 are eligible for a tax credit through the Inland Revenue Department. Please email me a donation receipt (check box if required)		
Family Members (Family Membership	o Only) - Please list the names of all	family members below.
	7:	
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Membership Payment Information		

Account Name: Makarau Hall Society Incorporated

Account Number: 11 - 5276 - 0000784 - 11

Bank: ANZ Bank New Zealand
Reference: < Your Family Name>

Particulars: Membership