

Advocates for the Tongariro River Membership Form

Type of Membership Family \$30
 Single \$25
 Associate \$60

Year

I would like to make a
donation of \$

I enclose a cheque for
(Membership + Donation) \$

First Name

Last Name

Names of other members in
family membership

I agree to the above name(s)
being published in the
membership list included in
the Advocates Annual
Report.

Address

Suburb

Town

Post/Zip Code

Country

Phone

Email

Internet Banking

Please pay subscription to account no. - **38 9000 0863130 000**
Add your name as reference.