

**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 will pay (Membership + Donation) by Internet banking \$

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.