

New Zealand Chinese Association (Nelson Branch) Inc 新西兰纳尔逊分部

Membership Application/Renewal Form for 16 years and over 31st Dec 2024

Annual 1st Jan -

Please Print Cleanly Please add further applicants on this form if at same address

Title Mr/Mrs/Ms/ Miss/Dr/Pro f			First Name 英文名		Date of Birth 出生日期	Chinese Name 中文姓名	Membership Annual Fee 会员费 \$15(single)/\$20(coupl e)/\$25 (family)	Donations 捐款	
1	Family Name		First Name		/ / Date of Birth	Chinese Name	\$	\$	
2	Family Name		Firsl Name		/ / Date of Birth	Chinese Name	\$	\$	
3	Family Name		First Name		/ / Date of Birth	Chinese Name	\$	\$	
4 Family Nam		me	First Name		/ / Date of Birth	Chinese Name	\$	\$	
						Totals	\$	\$	
Donation	s over \$5	have Tax	Credit Claim	Entitlement.	Please Tick for receipt				
Address :	地址	Street Nur	treet Number Street Name						
		Suburb		City	Post code				
Contact Details Details 联系方 式		Phone 1			Phone 2				
E-ma			lress 1		E-mail address 2				
Nominator required if new applicant 推荐人 * Nominator must be an existing member									
Nominator's Name									
Occupation and brief history Background if New Applicant 职业/学习专业									
Objectives for membership I/We volunteer to support NZCA Nelson in the following:									
ПТ			ese school □ Social Activities/Events □Fundraising slation □NZCA Sports Tournament						
Preference for Receiving Newsletter Please Tick(v) E-mail									
				er/s of the New ociation on ac			n Nelson Branch.		
with refere Please E-r	ence Surna mail comp	ame,First ı	name,Phone	to NZCA(Nels Numbers in p nelsonnzca@c	articulars	ount: 03-1355-07			
签名 *Si	gned:					Date:	/ /		