



Waitakere Ethnic Board

Application for Membership

<u>Name of applicant:</u>	<u>Occupation:</u>
If applicant is an organization please state your contract person:	
Address:	
Home Phone:	Fax:
Mobile:	Business Phone:
Email:	
MEMBERSHIP TYPE	
<input type="checkbox"/> Full (Incorporated Societies, Trust) \$10 <input type="checkbox"/> Associate (Unincorporated Societies/Individuals) \$5 <input type="checkbox"/> Friend – Koha	
Background of applicant: (please identify any skills or experience you can bring to the WEB)	
*Use extra sheet of paper if required	
Reasons for joining WEB	
Signed:	Date:
Receipt #:	(office use only)
Post form to: Waitakere Ethnic Board, PO Box 15 765, New Lynn, Waitakere City or email it to contact@waitakereethnicboard.org.nz .	