



Age Concern Wanganui Inc.
PO Box 703, Wanganui 4540

MEMBERSHIP FORM

Name: _____

Address: _____

Phone: _____

Email: _____

Ethnicity:

- NZ European
- NZ Maori
- Pasifika
- Other: _____

Age Group:

- 60-69 yrs
- 70-79 yrs
- 80-89 yrs
- 90-99 yrs
- 100 + yrs

Individual Member: New Renew \$ 20.00

Corporate Member: \$ 100.00

Donation: \$ _____

TOTAL: cash / cheque / internet \$ _____

Please tick if you require a receipt

Westpac account 030791-0454649-00

If you are making an internet payment, please email your details to:

info@ageconcernwanganui.co.nz or post this form to PO Box 703, Wanganui, 4540

OFFICE USE:

Receipt issued
Thank you letter

Database updated
Deposit date