Membership Form

Name: _____

Address: _____

_____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

I want to:

- □ Join/Renew as a Member of ACT New Zealand - $20 ***OR***
- □ Join/Renew as a Supporter of ACT New Zealand - $20
- □ Give a one-off donation of: _____

Total **$_____**

Payment details:

☐ Cheque ☐ Credit Card

Make cheques payable to ACT New Zealand

Credit Card Details: Visa Mastercard AMEX Diners

Name on Card:..... Expiry: ……..

Signature: ..... Date:.....

Please send completed form to ACT New Zealand,
P O Box 99651, Newmarket, Auckland
Email: info@voteact.org.nz
www.act.org.nz