

www.ngaio.org.nz

ngaiopa@gmail.com

Membership application form

Yes! I wish to be a member of Ngaio Crofton Downs Residents Association.

Title: <i>(Optional – circle one</i>) Mr / Mrs / Miss / Other
Name:	
Address:	Post Code:
Email address:	
Telephone:	Mobile:
Postal address (if different fro	om above):
We will keep your membership details private and only use them for Association business.	
Signature:	Date:
	The annual membership fee is \$10.00.
Please return this form to:	The Treasurer Ngaio Crofton Downs Residents Association 36 Chelmsford Street Ngaio, Wellington, 6035
Payment method (tick one):	☐ I have enclosed a cheque/cash (please circle)
	 ☐ I have arranged for an electronic payment to Ngaio Crofton Downs Residents Association (Inc)
ANZ Bank, Manners Street, Wellington, NZ. Bank Account Number: 11 7200 0088096 11 (Remember to include your name with your electronic payment)	

Thank you for becoming a member of Ngaio Crofton Downs Residents Association.