

Refugee Council of New Zealand Inc

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Mount Roskill
Auckland 1021
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P.O Box 38968
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Manukau 2145
Auckland
Mobile: 0211 191255
Email: info@rcnz.org.nz
Website: www.rc.org.nz

MEMBERSHIP APPLICATION FORM

NAME:

ORGANISATION:

ADDRESS:

.....

TELEPHONE:**FAX:**

EMAIL:

OCCUPATION:

I / We apply to become a Refugee / Individual / Associate Member of the

Refugee Council of New Zealand Inc

I/We enclose annual membership fee of \$_____ in accordance with the following

Membership categories:

Refugee \$0.00 (for 1st year, \$10 thereafter)

Individual \$10.00 per annum

Organization (Associate Membership)* \$20.00 per annum

*Note: Applicants for Associate membership are required to submit a copy of association constitution/terms of reference.

I/We agree to be bound by the rules of the Refugee Council of New Zealand Inc

Signed: **Date:**

Names and addresses of two referees:

1.

.....

2.

.....

I believe the information provided above to be true and correct. I understand my application is subject to an approval process, part of which may involve information being asked of either or both referees named above, which I consent to.

Signed: **Date:**

Thank you for mailing this completed Membership Application Form and payment (and organization's documentation of Associate Membership is sought) to:

Refugee Council of New Zealand Inc
PO Bo 68704
Newton
Auckland 1145
New Zealand