



Stowarzyszenie Polaków w Nowej Zelandii

The Polish Association in New Zealand (Incorporated)

Membership Application Form

Title: Mr Mrs Miss Ms Dr (*please circle one*) or Other (*please provide*)

Full Name:

Preferred Name:

Address:

..... Postcode:

Email address:

Preferred Contact Phone No: Date of Birth: / /

I wish to be accepted as a member of the Polish Association in New Zealand.

I support the aims of the Polish Association and agree to adhere to its rules and the decisions of its annual general meetings.

I agree to receive emails from the Association, including Wiadomości Polskie, about activities in the Polish community or other matters the Executive believes would interest members.

Applicant's signature: Date: / /

Your application must be sponsored by two current members of the Polish Association:

1. Sponsor's Full name:

Signature: Sponsor's membership no:

2. Sponsor's full name:

Sponsor's signature: Sponsor's membership no:

Please scan the completed form and email it to association@polishcommunity.org.nz. Your form must be supported by a \$55.00 application fee. This covers your annual subscription through to the next 30 June plus a one-off \$5 admin fee.

Please make payment to Polish Association, account no. Kiwibank 38-9024-0228035-00 using "NEW" plus your surname and initials as reference details.

Applicants who do not use the internet may post their application to: The Polish Association in New Zealand, PO Box 853, Wellington 6140. Cash payments can be made directly to an Executive member in person and should never be posted.

For Polish Association use only

Date received:..... Date accepted New Membership No: