



**Stowarzyszenie Polaków w Nowej Zelandii**  
**The Polish Association in New Zealand (Incorporated)**

## Membership Application Form

**Title:** Mr. / Mrs. / Miss. / Ms. / Dr. (circle one)

**Full Name:** .....

**Address:** .....

..... **Postcode:** .....

**Home Phone No:** ..... **Mobile Phone No:** .....

**Date of Birth:** ..... / ..... / ..... **Occupation (optional):** .....

**Email address:** .....

**Annual Membership Fee:** **\$50.00 (+ \$5.00 – a one off administration fee on initial join-up)**  
*(Polish Assn financial year – 1 July to 30 June)*

Payment must accompany this application form. Payment can either be made via internet banking or by cheque – please indicate which method below:

Internet Banking: account no 06-0501-0064897-00.  
Please use 'NEW + your surname and initial' for the reference (e.g. *NEW Badowski Z*) and email [association@polishcommunity.org.nz](mailto:association@polishcommunity.org.nz) to advise that payment has been made.

Cheque: make cheque payable to 'The Polish Association in New Zealand (inc)' and attach to application form.

I wish to be accepted as a member of the Polish Association in New Zealand (Inc). I support the Aims of the Polish Association and agree to respect the rules of the Polish Association and the decisions made at the Annual General Meetings.

**Applicant's signature:** ..... **Date:** ..... / ..... / .....

**Membership must be sponsored by a current member of the Polish Association.**

**Sponsor's full name:** .....

**Sponsor's signature:** ..... **Sponsor's membership no:** .....

Post application form and payment to: The Polish Association in NZ (Inc), P.O Box 853, Wgtn 6140.

### Friends of the Polish Association

I wish to be listed as a 'Friend of the Polish Association' so that I can receive email notifications about various events and the latest news.

*For Polish Association use only*

**Date Received:** ..... **Date Accepted:** ..... **New Membership No:** .....