

MEMBERSHIP APPLICATION FORM

I / We wish to apply for membership of the Herb Federation of New Zealand (Inc).

	Subscription Type (please select):	
Title (please circle): Mr. / Mrs. / Ms / Miss Name (please print): Address: Phone number: Fax: Email:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INDIVIDUAL \$35.00 FAMILY (for two members) Plus \$5 for each additional member \$40.00 SOCIETY \$5.00 for each society member who is not an individual member of the Herb Federation of New Zealand \$5.00 per Society Member OVERSEAS \$40.00 DONATION \$_____
Payment may be made by Cheque payable to the "Herb Federation of New Zealand" or direct to the Federation's bank account using Internet banking, at Westpac Bank, 03 1549 0030463 00	<input type="checkbox"/>	TOTAL PAYMENT \$_____

Please include your name in the "Reference" field to enable your payment to be identified.

Office use only	DATE:.....
	RECEIPT NO.....

Send your application to:

The Treasurer
 Herb Federation of New Zealand Inc
 P O Box 546
 Feilding 4740
 New Zealand