

**Advocates for the Tongariro River
Membership Form**

Type of Membership Family \$30
 Single \$25
 Associate \$60

Year

I would like to make a donation of \$

I enclose a cheque for (Membership + Donation) \$

First Name

Last Name

Names of other members in family membership

I agree to the above name(s) being published in the membership list included in the Advocates Annual Report.

Address

Suburb

Town

Post/Zip Code

Country

Phone

Email

Internet Banking

Please pay subscription to account no. - **38 9000 0863130 000**
Add your name as reference.

Cheque

Please complete form, print, and make your cheque out to:
Advocates for the Tongariro River Inc.
and post the form and cheque to:
**Advocates for the Tongariro River
PO Box 335
Turangi
New Zealand**