

**Advocates for the Tongariro River
Membership Form**

Type of Membership (tick one) 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. Tick to agree

Address

Suburb

Town

Post/Zip Code

Country

Phone

Email

Please print and then complete this form, 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