



Membership application form 2023/20024

Please complete this form and send electronically to aucklandmalaysianz@gmail.com. AMS member information is confidential. We will not release any information without your approval. Membership is open to all.

Introduced by	<input type="text"/>		
First name	<input type="text"/>	Last name	<input type="text"/>
Postal address	<input type="text"/>	Phone (res)	<input type="text"/>
		Phone (bus)	<input type="text"/>
		Phone (mob)	<input type="text"/>
Email	<input type="text"/>		

I wish to apply for membership of the society (please choose one)

<input type="checkbox"/>	new admission	<input type="checkbox"/>	renewal
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Please select the type of membership that applies to you

<input type="checkbox"/>	Individual \$10 per year	<input type="checkbox"/>	Family with minor under 18 \$20 per year
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For family membership only

Spouse name	<input type="text"/>		
Name of child/children (under 18 years old only)	<input type="text"/>	Age	<input type="text"/>
	<input type="text"/>	Age	<input type="text"/>
	<input type="text"/>	Age	<input type="text"/>
	<input type="text"/>	Age	<input type="text"/>

I agree to be bound by and conform with the Constitution of the Society. I also agree that the information which is contained in this application form, may be published and circulated for the Society's use only and that the Society's and its officials will not assume responsibility for any inaccuracy, misrepresentation or misuse of this information.

Date	<input type="text"/>
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Note: Please save this form before emailing the file to us. AMS bank account # is 38-9014-0849428-00

Official use only			
Accepted by	<input type="text"/>	Amount & date	<input type="text"/>
Membership no	<input type="text"/>	Next due date	<input type="text"/>