Auckland Branch, NZART (Inc)

PO Box 18-003, Glen Innes, Auckland, 1743 email: zl1aa@nzart.org.nz

CALLSIGN (if applicable):	SURNAME		
ADDRESS	FIRST NAME(S)		
STREET			
SUBURB			POST CODE
PHONE HOME		MOBILE	
E-MAIL (if applicable):			
☐ Tick if do NOT want☐ Withhold details on NTYPE OF APPLICATION	•	yed on ZL1AA web p ⊜ Renewal	oage YEAR
CLASS OF MEMBERSH	HIP ○ Regular \$45.0	0	<u> </u>
Joined Auckland Branch	ı	Subscription	Attached
OPTIONAL RESPONSE	ES .	Receipt Requ	uired
Is your Transmitting Memb	pership subscription to NZAR	T paid?	
How are you able to assis	t during any Public Events or	displays (Field Days, Ral	llies, Mobile, Battery powered station)
To what extent can you pa	articipate with AREC (Disaster a	ssistance: home rig, genera	ator, support capability)?
Describe any special interes	sts or ideas that you want to pr	omote or share with oth	ers in the Branch
Signature	Date		
joining part way through the year. 2. The subscriptions are discounted 3. For the purpose of membership re 4. Direct deposits may be made at a 5. Email, post or hand this form to a	by being given a raffle ticket (worth \$5.0 enewal this form is effectively your member at the Bank branch into account numb Committee member at the Clubroom. itution requires us to prompt transmitting	00) if paid by 31st March. pership invoice and reminder no er 12-3047-0076823-00.	