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**MEMBERSHIP FORM**

**2018 / 2019**

**Name:**

**Address:**

**Phone:**

**Mobile:**

**Email:**

**Disability:**

**Fee:** (please select) **Player ($20)** OR **Associate ($10)**

**Donation:** (donations from individuals of $5 or more are tax deductible)

**Enclosed is a general donation of $**

**Type:** (please select) **New member** OR **Renewing member**

**Please note:**

All new membership applications must be approved by the Management Committee before they become valid.

Membership is valid from 1 July to 30 June each year.

Please make all cheques payable to **Boccia New Zealand (Inc.)** or

Deposit funds directly into Boccia New Zealand’s Bank Account: **03 – 0173 – 0371811 – 000**

**Office use only:**

Date: Amount: Method:

Receipt number: Signed: