



# MEMBERSHIP FORM 2019 / 2020

**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**

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**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**

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**Office use only:**

Date: \_\_\_\_\_      Amount: \_\_\_\_\_      Method: \_\_\_\_\_

Receipt number: \_\_\_\_\_      Signed: \_\_\_\_\_

**Boccia New Zealand**  
PO Box 24759, Royal Oak, Auckland 1345