

Aotearoa Quilters Associate Membership Application

www.aotearoaquilters.co.nz

We wish to become (re Quilters Inc.	new as) a	n Associa	ite memb	er of Aote	earoa Qui	Iters, the	Associati	on of New Zealand
\$50 Associate membership for one year (1 May 2016 – 30 April 2017)								
Please make cheques payable to Aotearoa Quilters and post to P O Box 6041, Ashburton 7742								
Association/Group								
Name								
Postal Address 1								
Postal Address 2								
Suburb								
Town/City								
Country								
Postcode								
Contact Person								
Position of Contact								
Email Address of								
Contact								
Phone Number								
Number of members (tick one)	1-20		21-50		51-100		100 +	
This Association consents to Aotearoa Quilters collecting the details in this membership application/renewal, retaining and using these details and disclosing them only when the Executive Committee resolves that the request is in the best interest of Aotearoa Quilters and the individual quilters involved. This consent is given in accordance with the Privacy Act 1993.								
Signed					Date			
Position								