

Membership Subscription/Renewal Application Form



Title:

Surname:

First Name:

Position/Role:

Organisation:

Postal Address:

Tel Work:

Tel Mobile:

E-mail:

NZASH will not release your details to other parties.

- I do **not** wish to receive occasional email notification from NZASH of upcoming simulation events.

Payment Method

- Cheque - Please make payable to "NZASH Inc."
- On-line payment – internet transfer payments
Bank Account : 02 0800 0542502 000
(please remember to add your name to on-line payments for verification)

Membership Fee: NZD \$ 50

Please print off and post, or email

Leona Robertson
Secretary / Treasurer NZASH Inc.
9 Hyde Place
Halswell
Christchurch 8025
New Zealand
Cell 027 254 5564

Email: nzashsimulation@gmail.com

Note: Subscription runs 1st July 2016 to 30th June 2017