



# NZ Academy of Fine Arts

## Membership Application

Mr       Mrs       Ms       Other (please tick)

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ (      ) Post code

Telephone: Residential: (      ) \_\_\_\_\_

Business: (      ) \_\_\_\_\_

Email: \_\_\_\_\_

**Proposing Member:** - (optional) proposers receive a discount on their annual subscription \_\_\_\_\_

Membership Category (please indicate)

*Subscription year runs from 1 April to 31 March*

- |                                    |       |                                     |       |
|------------------------------------|-------|-------------------------------------|-------|
| <input type="checkbox"/> Corporate | \$594 | <input type="checkbox"/> Business   | \$297 |
| <input type="checkbox"/> Donor     | \$130 | <input type="checkbox"/> Subscriber | \$75  |
| <input type="checkbox"/> Senior    | \$50  | <input type="checkbox"/> Student    | \$45  |

Send your completed application form and payment to:

Membership  
NZ Academy of Fine Arts  
Wharf Offices Apartments  
1 Queens Wharf  
WELLINGTON 6011