

MEMBERSHIP APPLICATION FORM

NAME (Mr/Mrs/Ms/Other) _____

Address _____

Phone (hm) _____

(bus) _____

Email _____

MEMBERSHIP FEE

- | | |
|--|---|
| <input type="checkbox"/> Double/Family \$50.00 | <input type="checkbox"/> Double/Family 3 year membership \$130.00 |
| <input type="checkbox"/> Single \$35.00 | <input type="checkbox"/> Single 3 year membership \$ 80.00 |
| <input type="checkbox"/> Student \$18.00 | |

SPECIAL DONORS

- | | |
|---|--|
| <input type="checkbox"/> Bronze \$100.00 pa | <input type="checkbox"/> Silver \$500.00 pa |
| <input type="checkbox"/> Gold \$2,000 pa | <input type="checkbox"/> Platinum \$4,000 pa |
| <input type="checkbox"/> Life \$20,000 | |

PAYMENT

Cheque \$ _____

OR

Credit Cards - Mastercard Visa

(Please print clearly)

Name on Credit Card _____

Expiry date _____ Amount _____

Send application and make cheques payable to:

Friends of the Auckland Art Gallery (INC)

P O Box 5449 Wellesley Street Auckland 1141

Telephone 09 307 7705

Facsimile 09 302 1096

Email galleryfriends@aucklandcity.govt.nz

Website www.aucklandartgallery.govt.nz