



9 Jean Batten Drive Mount Maunganui 3116

PO Box 272 1640 Papakura Auckland 2244

Date	COMBINED MEMBERSHIP FORM	
Name		Membership No
Address		Membership Year
		Post Code
	Email	
Signature of Applicant		□ I am over 16 years old
Do you have any expertise, knowledge of interest that you can contribute to NZ Warbirds and Classic Flyers? (e.g. media, marketing, organising, promotional, social media, industry/trade or professional skills):		
Lam interested in volunte	eering as a host at either organisation (please tick)	NZWA □ CFNZ □
- an interested in volunte	tering as a most at either organisation (please tick)	NZWA 🗆 CFNZ 🗆
I wish to apply for	Combined Membership @	\$195.00
Or	Combined Membership Payment Plan @ \$16.25 per month A/P @	\$16.25
Membership expire	es annually on 31 May Paid:	// D/C Office
Applications for Membership are subject to Committee approval. In the event of non-approval, the subscription will be refunded. No verbal comment or written correspondence will be entered into. Your signature above affirms that you will abide the Rules of the Association. A copy is available on request. Your membership includes receipt of our regular emails unless you advise the NZ Warbirds office to the contrary.		
PAYMENT OPTIONS		
Option 1:	/isa/Mastercard	
Card No.:		3 Digit Security:
Expiry Date: Name	on card: Signature:	Amount:
Option 2: Direct Credit to NZ Warbirds Association Account No. 03 1509 0105256 000 Please state your name, and "NEW MEMBER" Option 3: Pay in person – Tues & Thurs 9:00am – 5:00pm or Phone 09-298-9207 with card details		
☐ Database Update	d □ Committee Emailed □ Men	nber Emailed 🔲 Xero

Auckland - P: Office **09 298 9207** E: office@nzwarbirds.org.nz

Tauranga - P: Office **07 572 4000** E: enquire@classicflyersnz.com

W: www.nzwarbirds.org.nz

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