ACT New Zealand

Membership Join Form

☐ Yes, please join me up as a member/supporter (delete one) $20

☐ Yes, please accept my donation of $_____

☐ Total: $_____

☐ Help ACT by:

Becoming a Candidate / Helping in the office / With mail deliveries

Please circle your method of payment: Cash Cheque Credit Card Direct Credit

Credit Card Details: Visa/MasterCard AMEX

Name on Card: ..... Expiry Date: .....

☐ I want to support ACT's growth with a monthly automatic payment

Please set up your automatic payment now through your internet banking system OR contact ACT Head Office on 09 523 0470 to arrange a manual set up

Our bank account is ACT New Zealand, ANZ, Newmarket Account No. 01-0102-0670937-02

IMPORTANT: Please provide us with the following information.

Name:			
Email:		Home Phone:	
Work Phone:		Mobile Phone:	
Postal Address:			
Occupation:		Electorate:	

I confirm that I am 18 years of age or over.

Date:…….. Signature:……..

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