

Membership Application Form (Please tick where applicable)

	I/We make	e application for Annual Membership - \$30.00 per annum
	I/We make application for Corporate Membership - \$100.00 per annum (Receive a certificate and your business name will go onto our Trust Facebook page)	
	I/We make application for Life Membership - \$300.00 (Receive a framed certificate and your name will be listed on our Trust Facebook page)	
	Please accept my donation/bequest, for \$ (A receipt from the Treasurer shall be sufficient discharge to my Trustees)	
	Please hav	re a Trustee contact me as I would like additional information
Full name/s		
Postal address		
Em	ail	
Pho	one/Mobile	
Sig	nature	
 I have posted my completed form to Otorohanga Charitable Trust, PO Box 43 Otorohanga 3940 and my cheque is enclosed. I have posted my completed form and payment has been made by online banking to Otorohanga Charitable Trust, using my name/business name as a reference to account: 02-0392-0100026-00 I would like a receipt sent to my address above. 		