

Northrise Toastmasters MEMBERSHIP APPLICATION



Northrise Toastmasters

info@northrise-toastmasters.org

Meetings on Thursdays, 6.45am fortnightly at Massey University, Albany Campus. (see dates and map on our website)

www.northrise-toastmasters.org

PO Box 34-222 Birkenhead

Member Information

Last Name / Surname / Family Name _____ First Name / Given Name _____ Middle Initial / Name _____
Male/Female _____

Address _____

City _____ Post Code _____ Home Phone _____

Mobile _____ Email _____ Business Phone _____

Membership Type

New

Dual

Reinstated (break in membership)

Renewing (no break in membership)

Transfer from club number /name _____

Member No (if known) _____

Membership Fees	Month of Joining			Initial Fee \$NZ
Begin Date _____ (Month/Year)	April	or	October	125.00
Included in these fees is \$50.00 joining fee. The full half yearly membership fee is \$75.00. Less than six months: fees consist of \$50 joining fee plus a pro rata portion of the \$75 six monthly fee. Subsequent six monthly fees are \$75 falling due in March and September.	May	or	November	112.50
	June	or	December	100.00
	July	or	January	87.50
	August	or	February	75.00
	September	or	March	62.50

Northrise Toastmasters ASB account no. 12-3035-0470153-00

By my signature below, I agree to the terms of *A Toastmaster's Promise*, and the *Member's Agreement and Release* stated on page 2 of this form and certify that I am 18 years of age or older.

----- (Applicant New Member Signature) ----- (Date)

_____ Club Officer (Required for Member Transfers needing this form to be forwarded to WHQ)