

NEW ZEALAND MAORI WARDENS ASSOCIATION (Inc) MEMBERSHIP APPLICATION FORM



NZ Maori Wardens Association (Inc)

Surname: _____

Christian Names: _____

Address: _____

Badge Number

Warrant of Appointment Expires

I was made a Life member of NZMWA in:

I am a member or intend to be a member

Sub Association

District

Membership fees expire 30th June of each year, therefore new affiliations are due from 1 July. Be sure that you have paid your subscription in order to vote or hold office at the Annual Conference

Annual Fee: \$10.00 per person

This section is purely optional you are not required to complete it if you choose not to the information supports the Association in its long term planning.

Tribal Affiliation: _____

Occupation: _____

Qualifications: _____

Age Bracket: 18-35 36 – 49 50 – 60 60+

**ALL CHEQUES TO BE MADE PAYABLE TO THE NEW ZEALAND MAORI WARDENS
DIRECT PAYMENT CAN BE MADE TO : ASB Bank Account number 12-3155-0124423-00**