



# Membership application

(For new members, NOT for renewal of existing membership)

I wish to join the Society

My name Mr/Mrs/Ms/Dr ..... Phone (.....) ..... (h)

My address ..... Phone (.....) ..... (w)

..... Fax (.....) .....

I would like to receive my newsletters by e-mail as a PDF: YES / NO (Delete as appropriate)

My/our e-mail address .....@.....

Signature ..... Date:..... / ..... / .....

The membership year is from 1 July to 30 June. Dues received after 1 May will be credited to the following year.

Membership fees for the year ending 30 June 2022 are:

Type of membership: Ordinary \$35; Country/ group \$30; Student \$10; Group / family \$40.

We welcome donations to support research into NZ native plants and to the Jubilee Award Fund.

Please pay direct to the Society's bank account 02 0536 0017812 00

using the following details:

Particulars: *Name*

Code: *Membership type*

Reference: *amount of any included donation*

and e-mail this completed form to the Memberships Secretary at [wellingtonbotsocmembership@gmail.com](mailto:wellingtonbotsocmembership@gmail.com)

or post to Wellington Botanical Society Inc:

**Memberships Secretary c/o Wellington Botanical Society Inc., PO Box 10 412, Wellington 6143**

|                      |                                |         |
|----------------------|--------------------------------|---------|
| Payment enclosed for | Ordinary membership            | \$..... |
|                      | Country membership             | \$..... |
|                      | Student membership             | \$..... |
|                      | Group / family membership..... | \$..... |
|                      | Donation                       | \$..... |
|                      | TOTAL                          | \$..... |

As we can no longer accept cheques, cash payments can be made directly to a member of the committee on meeting nights or field trips if the correct value is placed in a sealed envelope addressed to Membership Secretary with a copy of this form.

## Authority to release your name, address and phone number to other members of the Society.

The Society holds the names and addresses of all members to use for post-outs of newsletters etc.

The committee sees benefit in circulating the membership list to all members. This is done by many societies to enhance social interaction as well as being of practical value.

Under the Privacy Act the circulation of names on such lists requires the approval of the individual members.

If you are agreeable to your name and address being on the circulated list, please sign the authorisation below and return it with this membership application.

I agree to my name, email, address and telephone number being on the membership list to be circulated to members of the Wellington Botanical Society. I understand that this list is to be used only by members, and that the circulated list will include the caveat that the list is for social and society use and is not to be used for any other purpose. Specifically the list is not to be used for marketing, soliciting or political purposes.

Name..... Signed..... Date / /

Name..... Signed..... Date / /

*If you do not agree, it would assist processing if you could please put a line through paragraphs above and return the form unsigned.*