

THE AVIATION HISTORICAL SOCIETY OF NEW ZEALAND (Inc)



MEMBERSHIP APPLICATION FORM

Our financial year runs from April to March, during which you will receive the Society's journal, *The Aero Historian* published quarterly and regular newsletters called *The Aero Letter*.

Please use one of the following payment methods:

- Pay **online** to the Society's bank account number **02 0500 0140034 00**, remembering to include your surname and initials in the reference section. In addition, please email a scan of your completed application form to the membership secretary at ron.ark@xtra.co.nz using 'New member' in the subject line, and in the message repeat your name as confirmation of the transaction.
- Pay **online** using **PayPal** to make payment to the membership secretary at ron.ark@xtra.co.nz – remembering to include your surname and initials in the 'add a note' section. In addition, please email a scan of your completed application form to the membership secretary using 'New member' in the subject line.
- Pay by **Credit card** or **Debit card** with details entered on your completed application form which should then be forwarded to the membership secretary either by post or as a scanned attachment per email.
- Pay by **cash** posted along with your completed form to the membership secretary.

| Subscriptions (circle applicable amount) | |
|--------------------------------------------------------------|----------------------------|
| Within New Zealand | Name _____ |
| Full (ordinary) member NZ\$60.00 | Address _____ |
| Overseas (including airmail delivery) | _____ |
| Australia & South Pacific NZ\$70.00 | _____ |
| Rest of World NZ\$80.00 | _____ |
| | Email _____ |
| | Signature _____ Date _____ |
| <i>Donations also most welcome!</i> _____ | Aviation interests _____ |

Telephone/Cell phone number: (optional) _____

Year of birth: (optional) _____

Your contact details available for members: (optional) Yes No

Credit or Debit card details: Tick VISA or MasterCard. Cardholder's name _____

Card number

Expiry / CSC number _____

Post to: Membership Secretary, AHSNZ, P O Box 11391, Sockburn, Christchurch 8443.

Office use only: Banked _____ Member Card _____ Database updated _____