



MEMBERSHIP FORM 2020 / 2021

Name: _____

Address: _____

Phone: _____

Mobile: _____

Email: _____

Disability: _____

Fee: (please select) **Player (\$20)** OR **Associate (\$10)**

Donation: (donations from individuals of \$5 or more are tax deductible)

Enclosed is a general donation of \$ _____

Type: (please select) **New member** OR **Renewing member**

Please note:

All new membership applications must be approved by the Management Committee before they become valid.

Membership is valid from 1 July to 30 June each year.

Please make all cheques payable to **Boccia New Zealand (Inc.)** or
Deposit funds directly into Boccia New Zealand's Bank Account: **03 - 0173 - 0371811 - 000**

Office use only:

Date: _____ Amount: _____ Method: _____

Receipt number: _____ Signed: _____

Boccia New Zealand
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Phone: 021 0299 4936 Email: boccia@boccia.org.nz Website: www.boccia.org.nz