



Membership Form

Information in **red** MUST be completed

Branch:

Ms. Mrs. Mr. Other:

First Name(s):

Family Name:

Date of Birth: / / 19

E-mail:

This must be the address where you live - not a P.O. Box number.

Home Address:

Suburb/Town:

City:

Only needed if your postal address is different from above

Postal Address:

Phone Mobile: -

Home: -

I am registered to vote on the: Maori Roll General Roll None/don't know

My membership fee and joining donation:

\$5 (minimum) **Koha:** \$

- I enclose my minimum membership fee of \$5 with this application form;
- I authorise the MANA Movement to record my name as a financial member;
- I authorise the secretary of the MANA Movement to use my membership details for the purposes of the MANA Movement's registration under the Electoral Act 1993.

Signature:

Date: / / 20

You can also join online at www.mana.org.nz
Post the original to: **MANA Movement,**
P O Box 305, Palmerston North 4440

Received: / /20	Entered by:
Receipt #:	