

2017 Membership Form

| Name: | | | |
|----------------------------|--|---|--------|
| Organisation: | | | |
| Email address: | | | |
| Address: | | | |
| Phone: | | | |
| I should like to | show my support for Community | ry Research by applying for membership tod | ay! |
| Individual Organisation | \$34.50 (plus a suggested donat \$69.00 (plus a suggested donat | | |
| Membership Fe | ee (GST Inclusive): | \$ | |
| Donation: | | \$ | |
| Total payment: | | \$ | |
| I should like to | pay by (please circle and select): | : | |
| • | e – by a cheque made payable to Research Centre. | o the Tangata Whenua, Community and Volu | ıntary |
| | _ | henua, Community and Voluntary Sector Re 3-00, quoting my name and membership det | |
| • | • | them for Community Research business. I u I party. I understand a receipt will be emaile | |
| Signed | | Date | |
| Please return fo | orms and payment to: | | |
| Community Re | search, c/- Biz Dojo 115 Tory St, \ | Wellington 6011 | |