New Zealand Organ Preservation Trust (Inc.)

Application for Membership

I wish to apply for membe	rship of the	e above Trust	
Dr/Rev/Mr/Mrs/Miss/Ms	3		
Given names			_
Surname			_
Address			_
		Postcode:	
E-mail			
Telephone (Home)			_
(Mobile)			
If elected I agree to abide	by the rules	s of the Trust.	
Signature			_
Your subscription to the New March the following year. Not We prefer direct credit to the Please put your name in "Parti	tices are sent NZOPT West	out after the AGM vapac Bank account 0	which is usually in June. 03-0866-0171409-000.
If you want to make a donation separate transaction with the "NSMF" in the "Reference" despecifically to the Neil Stoker need a paper receipt, please as	Analysis cod epending on Memorial Fu	e" being "Donation" whether you want to und. I will send you	" and either "NZOPT" or o donate to the Trust or a scanned receipt. If you
Scan this (completed) form a (richard.sedcole@scorch.co.		the Treasurer.	
Alternatively, if you prefer, y Treasurer (Richard Sedcole, will discontinue processing o	52 Bayley R	oad, R.D.1, Rangior	ra, 7471). (NB: Westpac
Subscription	\$25.00		
Donation	\$	_ (please indi	cate NZOPT or NSMF)
Total	\$	_	
Thank you for your suppo	rt.		