



Refugee Council of New Zealand Inc

Email: info@rcnz.org.nz Website: www.rc.org.nz

MEMBERSHIP APPLICATION FORM

NAME: _____

ORGANISATION: _____

ADDRESS: _____

TELEPHONE: _____ **MOBILE:** _____

EMAIL: _____

OCCUPATION: _____

I / We apply to become a Refugee / Individual / Associate Member of the **Refugee Council of New Zealand Inc.**
I/We enclose annual membership fee of \$_____ in accordance with the following Membership categories:

- Refugee or Asylum Seeker \$0.00 (for 1st year, \$10 thereafter)
- Individual \$10.00 per annum
- Organization (Associate Membership)* \$20.00 per annum

*Note: Applicants for Associate membership are required to submit a copy of association constitution/terms of reference.

Names and addresses of two referees:

1. Name: _____	2. Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Mobile: _____	Mobile: _____

I/We agree to be bound by the rules of the Refugee Council of New Zealand Inc.

I believe the information provided above to be true and correct. I understand my application is subject to an approval process, part of which may involve information being asked of either or both referees named above, for which I give my consent.

Signed: _____

Date: _____

Thank you for mailing this completed Membership Application Form and payment (and organization's documentation if Associate Membership is sought) to:

Refugee Council of New Zealand Inc
PO Bo 68704
Newton Auckland 1145 New Zealand