



ETHNIC VOICE

NEW ZEALAND INC.

Membership Application Form

Individual applicants:

Name: _____

Ethnicity: _____

Workplace: _____

Position held: _____

Organisational applicants:

Name: _____

Contact person: _____

Mailing address: _____

Telephone: _____ Fax: _____

Email: _____

Please tick if you would like to kept informed by email

Description of Practice/Services provision (please circle which of the following best describes the area(s) within which you practice/provide service):

Advocacy	Elderly	Mental health
Education	Women	Training
Health - general	Children/youth	Research
Community development	Men	Disability
Networking	Counselling	Cultural performance
Policy	Ethnic groups(please specify): _____	
Youth	Other(please specify): _____	

Membership fees:

Individual: \$15.00/year

Organization: \$50/year

Please forward the membership fees to:

Ethnic Voice New Zealand Inc, PO Box 56 483, Dominion Rd, Auckland

I understand that this form collects information about me/my organization and the information will be held by the Ethnic Voice New Zealand Inc (EVNZ) for the purpose of achieving the objectives of the EVNZ.

Signed: _____ Date: ____/____/____