

New Zealand Federation of Graduate Women CANTERBURY BRANCH

Application for Membership

Family Name:

First Name:

Title: Dr Ms Miss Mrs

Address:

City:

Post Code:

Telephone:

Cell Phone:

Email:

Qualifications:

Current Occupation:

Special Interests:

save the completed form then attach it as an email to

thebranch@canterburynzfgw.org.nz

Please put Membership in the subject line.

To pay online, our bank account number is: **03 0830 0146877 000**

If you have had no response to your application within 5 days, please telephone

03 364 3590 or email thebranch@canterburynzfgw.org.nz