

Membership Application

Mr Mrs Miss Ms Other *(Please circle one)*

Surname: _____

First Name: _____

Postal Address: _____

Phone: (Home) _____

(Work) _____

Email: _____

Relevant interests/skills that you may wish to contribute:

e.g. genealogy, research, gardening, conservation, writing, publicity, administration.

Do you have an ancestor buried in the Park?

Tick here for yes.

Relevant Family Name: _____

Annual Membership Costs

Individual Member \$15.00

Family Member \$20.00

Corporate Member \$85.00

Donation \$_____

(Donations over \$5 are tax-deductible)

Please post completed Membership Application Form with payment to:

Friends of Bolton Street Memorial Park
P O Box 2336
WELLINGTON 6140