

Membership Application

Mr Mrs Miss Ms Other (Please indicate)

Surname: _____

First Name: _____

Postal Address: _____

Phone: (Home) _____

(Mobile) _____

(Work) _____

Email: _____

We may contact you by email to advise of dates for working bees, or guided tours. Please supply an email address if you would like to receive these occasional messages.

Are you interested in:

Taking part in working bees? or:

Becoming a tour guide?.

Relevant interests/skills that you may wish to contribute:

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

Do you have an ancestor buried in the Park?

Tick here for yes.

Relevant Family Name(s): _____

Annual Membership Fee (please indicate)

Individual Member \$15.00

Family Member \$20.00

Corporate Member \$85.00

Donation \$ _____ (Donations over \$5 are tax-deductible)

Total payment by cheque \$ _____

Please post completed Membership Application Form with payment to:

Friends of Bolton Street Memorial Park
P O Box 12 426
WELLINGTON 6144