



Membership Application Form

Name: _____

Address: _____

Phone: (home) _____ (cell) _____

Email: _____

Type of Membership: Full ~~(\$25)~~ (\$12.50) Junior ~~(\$25)~~ (\$12.50) Business (\$60)

Declaration: I support the Objectives of the Society and agree to abide by their Constitution.

Signed _____ Date: _____

Paid in cash

Paid by cheque

I will pay Online (*Ferry Mead Printing Society, Account number 03 0830 0338510-01*)

Please include your name, using Subs2017 as the reference and to confirm your payment, please email admin@ferry Meadprint.org.nz

Welcome to the Society!



Office Use:

Copy to Secretary

Copy to President