



The Variety Artists Club of New Zealand Inc

MEMBERSHIP APPLICATION FORM

NAME:

Are you involved in the entertainment industry: YES / NO

If YES, How are you involved:

.....

STAGE NAME (if any):

POSTAL ADDRESS:

EMAIL:

WEBSITE:

PH NUMBER: MOBILE:

MEMBERSHIP FEE: \$45 per person

I hereby apply for membership to the Variety Artists Club of New Zealand Inc and agree to abide by the rules and regulations of the Society. I understand my acceptance into the club is subject to committee approval.

SIGNATURE OF APPLICANT

.....

DATE: / /

FORWARD COMPLETED FORM AND PAYMENT:

By Post to: The Treasurer, P O Box 100280, North Shore Mail Centre, AUCKLAND 0745

By email to: robynalx@orcon.net.nz

A bank account number will be provided on request for online payments.

VARIETY ARTISTS CLUB USE ONLY

Membership Accepted/Declined _____ Membership Number Issued _____

Approved By _____ Fee Paid _____ Date _____