



Variety Artists Club of New Zealand Incorporated

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:

(NB: your email address where provided will be considered the primary method of contact for all club notices.)

WEBSITE:

PH NUMBER: MOBILE:

MEMBERSHIP FEE: \$45 per person (or as amended from time to time at an Annual General Meeting of members)

I hereby apply for and consent to becoming a member of the Variety Artists Club of New Zealand Incorporated and agree to abide by the Constitution, regulations and bylaws of the Society. I understand my acceptance into the club is subject to committee approval.

I further certify, where this application is for a body corporate, that I am authorized (whether the authority is express or implied) by the applicant to act and on its behalf.

SIGNATURE OF APPLICANT

..... DATE: / /

FORWARD COMPLETED FORM AND PAYMENT:

By post to: The Secretary, P O Box 100280, North Shore Mail Centre, AUCKLAND 0745
Or by email to: robynalx@orcon.net.nz

Accompanying this application, an application fee of \$45 is payable in cash or online into the clubs bank account at ANZ Mt Eden.
Account number 06-0145-0186627-00. Please quote your name in the reference field.

VARIETY ARTISTS CLUB USE ONLY

Membership Accepted/Declined _____ Membership Number Issued _____

Approved By _____ Fee Paid _____ Date _____