



Membership Application

Applicant Information

YOURSELF	SPOUSE
Surname:	Surname:
First Name:	First Name:
Nationality:	Nationality:
Blood type: <small>(complete ONLY if you would like your blood type to be on blood bank registry).</small>	Blood type: <small>(complete ONLY if you would like your blood type to be on blood bank registry).</small>
Employer:	Employer:

Current Address

Home Address:		
Village:	City:	Post Code:
Phone:	Mobile:	
Fax:	Email Address:	

THESE DETAILS WILL BE PUBLISHED IN THE ANZA DIRECTORY, UNLESS INSTRUCTED OTHERWISE. DISTRIBUTED TO BONA FIDA MEMBERS ONLY.

Details of Children (under 18)

Name	Boy / Girl	Date of Birth	School attendance

Interests

<input type="checkbox"/> Accounting	<input type="checkbox"/> Dancing	<i>Volunteer work you would like to participate in. please tick</i>	
<input type="checkbox"/> Arts and Craft	<input type="checkbox"/> Bridge	<input type="checkbox"/> ANZA Committee	<input type="checkbox"/> Social Committee
<input type="checkbox"/> Computers	<input type="checkbox"/> Golf	<input type="checkbox"/> Community services	<input type="checkbox"/> Gala Ball
<input type="checkbox"/> Event Management	<input type="checkbox"/> Handicrafts	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Dinners
<input type="checkbox"/> Healthcare	<input type="checkbox"/> Mahjong	<input type="checkbox"/> Charities	<input type="checkbox"/> Lunches
<input type="checkbox"/> Marketing	<input type="checkbox"/> Tennis		<input type="checkbox"/> Melbourne Cup
<input type="checkbox"/> Journalism			<input type="checkbox"/> Wine & Cheese night
<input type="checkbox"/> Education			<input type="checkbox"/> Golf Tournaments

Other: _____

Level of Membership

<input type="checkbox"/> Social Membership	<input type="checkbox"/> Regular Membership	<input type="checkbox"/> Honorary Membership
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Signature of Applicant:	Date: / /	Annual Fee: Php 1,000
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To be completed by ANZA MEMBERSHIP

Receipt Number	2007/08	2008/09	2009/10	2010/2011	2012/13
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Please return completed form and payment of Php 1,000 pesos to:

AUSTRALIAN & NEW ZEALAND ASSOCIATION
Membership Officer: Anna Thew
1625 Cypress Street, Dasmarinas Village, Makati.
 (Tel 0927 964 3029 E-mail: annathew@hotmail.com)