

Women on Boards

MEMBERSHIP APPLICATION FORM

Please complete this application and return by mail or email: info@governancenz.org

PERSONAL DETAILS

First name(s) _____

Last name _____

Date of birth _____

COMPANY DETAILS

Company _____

Position _____

BUSINESS ADDRESS

Address _____

_____ Post code _____

Phone _____ Mobile _____

Email _____

Position _____

HOME ADDRESS

Address _____

_____ Post code _____

Phone _____ Mobile _____

Email _____

QUALIFICATIONS

Degree(s) _____

Other Memberships _____

COMMUNICATION PREFERENCES

Preferred email address _____

Preferred delivery address _____

HOW DID YOU HEAR ABOUT US? _____

PAYMENT DETAILS

Subscriber Membership Subscription to 30 June 2023

\$250.00 (GST incl)

Invoice to be made out to *(please circle)*

Company / Applicant

Credit card

Card type Mastercard Visa

Name on card _____

Card number _____

Expiry date Month _____ Year _____

Security code *(3-digit code from reverse of card)* _____

Deposit to bank account

Deposits can be made to the **Governance New Zealand Inc.** bank account:

Bank of New Zealand, Auckland Branch

Account Number: **02 0100 0043243 00**