

NEW ZEALAND FEDERATION OF HISTORICAL SOCIETIES INC

Application for Membership

Category Membership: ~~Affiliated Society~~ ~~Associate~~ Institutional
(Please strike out two categories)

Name:

Mailing Address:

.....Post Code:

Name of Contact Person:

Position within Society (If applicable):

Contact Details:

Address (if different from above):

.....Post Code

Telephone

PLEASE PRINT CLEARLY Email

Number of Financial Members:

Fees enclosed\$.....

Date & frequency of meetings:

Time of Meetings: am or pm

Place of meetings:

Does the Society operate a museum?: Yes / No

If yes Days and Hours of Opening:

Society Officer Details President:

Secretary:

Treasurer:

Any General Information we should know:

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Please return completed form to: The Secretary
New Zealand Federation of Historic Societies Inc
P O Box 1625
Paraparaumu Beach
WELLINGTON 5252