



Waimate Historical Society
28 Shearman Street
Waimate, 7924
03 689 7832
admin@waimatemuseumandarchives.org.nz
www.waimate.org.nz/museum

Application for Membership

Dear Secretary

I hereby make application to be enrolled as a member of the Society.

Name in Full.....

Address.....

.....

Phone Number.....

Email

Signature.....

Date.....

Sponsors 1.2.....

(To be signed by 2 current members of the Society)

Action by Committee.....

Chairperson Signature.....

Date.....

Individual: \$25 Double/Family: \$35 School/Group/Business:\$35

(Payable from 1st April yearly)