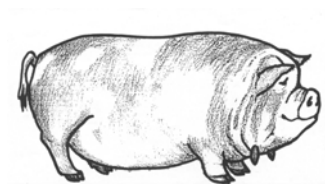


Membership Subscription Form



Information (please print or type)

NAME	
POSTAL ADDRESS	
CITY	
COUNTRY	
POST CODE	
PHONE	
CELL	
FAX	
E-MAIL	

PLEASE READ THIS SECTION

I agree to the following details being published in the newsletter/or website, and my details being available to people wanting to contact Kunekune owners (TICK BOXES THAT YOU AGREE TO).

NAME	
ADDRESS	
PHONE	
EMAIL	

Sub Enclosed

SINGLE \$20.00 / DOUBLE \$ 25.00

\$	
----	--

Signature:

Date:

Please make cheques payable to: NZ Kunekune Association

Once completed please mail to:

Teresa Browne / Secretary
196 Tokorangi Road
Feilding 4779 NZ

Office Use Only

D/R

Payment \$ Receipt

D/P

Chq Cash D/D