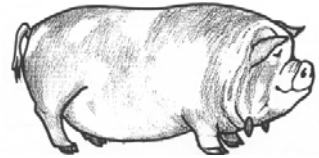


Prefix Application



Information (please print or type)

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

Prefix Information

Prefix payment of \$10.00 is a one off payment (A Prefix is a Herd Name)

PREFIX	In the case the prefix you are applying for is already in use please put a second choice
1 ST CHOICE:	
2 ND CHOICE:	

Enclosed

\$	
Signature:	
Date:	

Please make cheques payable to: NZ Kunekune Association

Once completed please mail to:

Dr K Nicoll
P O Box 5506
Lambton Quay 6145
Wellington

Office Use Only

D/R

D/P

Payment \$ Receipt

Chq Cash D/D