Membership Form January - December 2024			
Surn	name(s):		
First	t name(s):		
Addı			
City	<b>:</b>	Post Code:	
Phor	ne:	Mobile:	
Ema	il:		
Men	ıbership Class	s (please tick one):	
	Individual Family Student	\$40 \$70 (Include names of each family member) \$15	
	Donation	\$	
Tota	ıl:	\$	
	lonations will b ligible for a tax	be receipted. Payment of subs will only be receipted on request. Donations (but not subs) a credit.	
Pleas	se list any skil)	ls should you wish to volunteer	
	by Bank Dep ount Name: Fr	riends of the Arts Centre of Christchurch	
		SBS 03 1355 0807473 00	
Pleas	se insert your n	name and membership category in the reference fields	
		rm to: <a href="mailto:christchurchartscentrefriends@gmail.com">christchurchartscentrefriends@gmail.com</a> rd St Christchurch 8014)	
If we	e do not have y	your address we cannot get a members card to you. Thank you.	
	The <i>Fri</i>	iends of the Arts Centre of Christchurch is a registered charity. (No. CC51240)	