



www.aucklandirish.co.nz
 www.facebook.com/AuckIrishSociety
 email: treasurer@aucklandirish.co.nz ~ for all finance enquiries
 membership@aucklandirish.co.nz ~ all membership enquiries
 info@aucklandirish.co.nz ~ for all other communications
 including newsletter / website articles
 manager@aucklandirish.co.nz

AUCKLAND IRISH SOCIETY Inc.

2016/ 2017

Renewal of Membership Form

Postal Address: P O Box 44 264, Pt Chevalier, Auckland 1246
Physical Address: Auckland Irish Society (AIS) Clubrooms, Fowlds Park
 (Off Rocky Nook Avenue or Malvern Road, Morningside)
Memberships Contact: Margaret McKinney (Phone: (h) 8344608; (m) 02102335235)

The Auckland Irish Society (AIS) Inc. was originally founded in 1912. Our Club is used for a wide variety of activities, including monthly get-togethers, outdoor bowling tournaments, Ceili dancing, set dancing, indoor bowls and many special functions. We also welcome suggestions as to what you'd like to see at the AIS. Please check out our website and Facebook pages for more info.

MEMBER INFORMATION:

First Name:	Last Name:
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Country /County of Birth:..... D.O.B:.....

Name of Husband/Wife/Partner:

First Name:	Last Name:
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Country /County of Birth:..... D.O.B:.....

Children's Names	Dates of Birth	Country / County of birth

Current address: Existing Membership No.

Suburb:

Home Phone: Business: Mobile:

Do you wish to receive your newsletter via email? *(please circle)* Yes No

Email:

Occupation:.....

Interests: Sport Music Dancing Other:

Family: \$60.00 2 Adults + children under 18	Single \$40.00	Student \$25 18+ in fulltime study	Junior: \$5.00 15 to 18 years	Donations payable to AIS Welfare Committee are very gratefully accepted <i>Receipt provided on request</i>	\$.....
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Circle appropriate membership:

Method of payment: *(please circle appropriate payment method)* Chq / Direct Credit / Eftpos / Cash

Return this page ***with your fees*** to the address above **Or** pay by direct credit to: **BNZ a/c No: 02-0100-0023955-00**
 For reference purposes please include your **"Surname and Initials"** and the word **"Membership"**.

Members Signature

Signed thisday of 20

For Office Use Only	Date forms Received:	
	Payment Received:	
	Membership card sent:	