



**AGENDER NZ**

**Email** admin@agender.org.nz **Web** [www.agender.org.nz](http://www.agender.org.nz)

**Postal** President 3 Jessica court Dinsdale Hamilton 3204

## **Membership Application**

(Strictly Confidential)

*This form may be edited in Adobe Reader*

Date of Application: .....

Preferred Name: .....  
(Full Name)

Date of Birth: .....

Given Name: .....(Optional) Membership No: ..... (If Known)

Date Accepted: ..... (Office Use)

Full Membership Fee: \$30  Partner/Supporter Fee: \$10  Associate/Supporter: \$5   
(Subscription is for Branch & National fees) (Partner/Supporter fee is for partners/Supporters of members)

Fees included  Internet Banking  Please provide full Name & Mem/No as Reference:

Which area/branch, if any would you like to be associated with?

Auckland , Waikato , B.O.P. , Manawatu , Taranaki , Wellington ,  
Christchurch , Hawkes Bay , Other area;.....

How Do You Currently Identify?

CD , TS , FTM , MTF , Intersex , Partner , Supporter .

Other (Identifying as): \_\_\_\_\_

Mailing Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Do you wish to receive the newsletter by: Post  or Email  (please select)?

Partner's Name: .....  
(if applicable)

Date of Birth:.....

Please return this form to us by post with your membership fees  
Or you may pay by internet banking and return this form by email

Bank details are ANZ 01-0450-0473585-000

Please provide Full Name & Membership No if Known as Reference (if Known)