



Email admin@agender.org.nz Web www.agender.org.nz
Postal The Secretary, PO Box 11-755 Manners St, Wellington 6142

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

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

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

How Do You Currently Identify?

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

Other (Identifying as): _____

Mailing Name: _____

Address: _____

Phone: (0) _____

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 03-1535-0081059-00

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