

The Auckland Indian Association Inc.



The Mahatma Gandhi Centre, 145 New North Road, Eden Terrace, Auckland 1021 P.O. Box 8110 Symonds Street, Auckland 1150, New Zealand www.AIAI.ORG.NZ

Membership Application Form

Applicants Information

Membership Number: _ _ _ _ _

(Please tick one) New Member Membership Renewal Senior Citizen Membership Renewal Life Member

Applicant **(A)** First Name: _____ Surname: _____ Date of birth: / /

Spouse **(S)** First Name: _____ Date of birth: / /

Village/City Name: **A:** _____ **S:** _____

Home Phone: _____ Cell Phone: **A** _____ Business Phone: **A** _____

S: _____ **S:** _____

Email (A): _____ Email (A): _____ Fax: _____

Current Address:

Suburb: _____ City: _____ Post Code: _____

PO BOX Number _____ Suburb: _____ City: _____

Post to: Home or PO Box Occupation **(A):** _____

Occupation **(B):** _____

Children Name: _____ Email: _____ Date of birth: / /

Children Name: _____ Email: _____ Date of birth: / /

• If you would like The Auckland Indian Association Inc publications sent to your email address(es) **ONLY**; Tick here:

• Please select your interests from the many events/activities we host to receive email/txt or phone call, information, updates & alerts:

Heath/Fitness Mandir activities Youth activities Business Forums Social Room activities Senior Citizen activities

If you would like to volunteer your time or services in any way, please tick here (We will contact you for details)

• Privacy Act: If you **do not** want your details to be listed in any future AIAI publications e.g. Directory, Newsletter, etc. Tick here:

• **Annual membership \$50.00 (GST Inclusive)** for married couple / or an individual 18 years of age and over.

• **Subscription membership year is from 1st January to 31st December**

• For additional information regarding membership please view the Constitution of the Auckland Indian Association www.AIAI.Org.NZ

Annual Membership and/or Donation of \$ paid for: (circle) 2014 / 2015 / 2016 /2017 or

Membership fee paid: (Tick one) Cash Cheque Online (How to pay Online visit www.AIAI.Org.NZ)

Signature: _____

Signature of co-applicant: _____

Date: / /

Date: / /

PLEASE POST TO: Attention: K Bhikha, THE AUCKLAND INDIAN ASSOCIATION INC., P.O. BOX 8110, SYMONDS STREET, AUCKLAND 1150.

Should you have any queries or require information please contact our AIAI Membership Chairperson: Kantibhai Bhikha 09 828 4331.

AIAI USE ONLY

Membership fee received by, AIAI Officers Name: _____

Date: / /