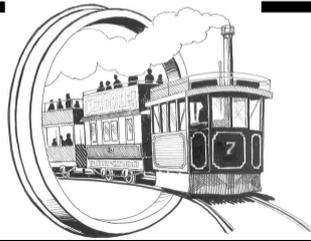


The Tramway Historical Society Inc.

Operating the
Ferryroad Tramway
275 Bridle Path Road
Ferryroad, Christchurch



P.O. Box 1126,
Christchurch, NEW ZEALAND
www.ferryroadtramway.org.nz
Charities Registration #CC21723

MEMBERSHIP APPLICATION FORM

Surname: _____

First Name(s): _____

Contact Address: _____

(for mail etc) _____

Contact Phone Nos: _____

e-mail: _____

Other Contact Nos: _____

I wish to join the Tramway Historical Society Inc. and agree to abide at all times by the rules and regulation which apply to its members.

_____ (Signature of applicant) _____ (Date)

<u>Subscription Rates</u>	Rate	Payment
Full membership (reduced to \$55.00 if paid before 28 th February)	\$65.00	_____
Full membership (no Tracts mailouts – must reside in same household as another paid up full member) (reduced to \$27.50.00 if paid before 28 th February)	\$32.50	_____
Full membership – Overseas (Please pay in NZ Currency)	\$75.00	_____
Sustaining membership – (paid every 10 years) (reduced to \$600.00 if paid before 28 th February)	\$650.00	_____
Student <i>Student Membership is available only to persons attending primary, secondary or tertiary educational institutions – the Committee may require proof of enrollment.</i>	\$21.50	_____

If you do **not** wish to receive Tracts by e-mail, tick here please

DONATIONS

*If you wish to make a donation to a specific project or activity, please complete the following section.
The Society is a registered charity and all such donations are tax deductible in New Zealand.*

Donation of \$ _____

To be used for: _____

TOTAL PAYMENT \$ _____

Membership applications can be posted to the Membership Secretary at P.O.Box 1126, Christchurch 8140 enclosing payment, or details e-mailed to membership@ferryroadtramway.org.nz,

Payments may also be made directly to the Society's Westpac Bank Account number 030802-0095056-01 – please use your name as a reference so that we can identify your payment.

Payment may also be made by Visa or Master card (please circle)

Card number _____ Expiry date __ / __ CVV ____

Name on Card (exactly as it appears on your credit card) _____