

# Membership Application

Mr      Mrs      Miss      Ms      Other (Please indicate)

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

(Work) \_\_\_\_\_

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

*We may contact you by email to advise of dates for working bees, or guided tours. Please supply an email address if you would like to receive these occasional messages.*

## Are you interested in:

Taking part in working bees? or:

Becoming a tour guide?.

## Relevant interests/skills that you may wish to contribute:

*e.g. genealogy, research, gardening, conservation, writing, guiding, publicity, administration.*

\_\_\_\_\_

\_\_\_\_\_

## Do you have an ancestor buried in the Park?

Tick here for yes.

Relevant Family Name(s): \_\_\_\_\_

## Annual Membership Fee (please indicate)

Individual Member      \$15.00

Family Member      \$20.00

Corporate Member      \$85.00

Donation      \$ \_\_\_\_\_ (Donations over \$5 are tax-deductible)

**Total payment by cheque**      \$ \_\_\_\_\_

**Please post completed Membership Application Form with payment to:**

Friends of Bolton Street Cemetery  
P O Box 12 426  
WELLINGTON 6144