



MEMBERSHIP FORM

ROYAL OVER-SEAS LEAGUE NEW ZEALAND

Title _____ First name _____ Surname _____

Mailing address _____

Telephone number () _____ Post code _____

Email address _____ Date _____

Payment \$50 per person.

Please tick (✓) your method of payment:

Account transfer: to bank account 02 0108 0112629 00
 Payee particulars – your full name
Code – ‘new’
email form to royalo-s@xtra.co.nz
or fax form to 03 329 4332

Cheque: make payable to ‘Royal Over-Seas League’
 Mail to: ROSLNZ
PO Box 10
Diamond Harbour
Canterbury 8941

How did you hear about us?

word of mouth website ROSLNZ event

I am existing member other _____

Membership number and card will be sent on receipt of payment.