



Wellington Antique Bottle and Collectables Club Inc

MEMBERSHIP FORM

Name: _____

Address: _____

Telephone: _____ **Mobile** _____

Email: _____

Speciality: (i.e. what do you collect/what are you interested in?)

Signature: _____ **Date:** _____

Are you a new / existing member (please circle)

Note: new members are voted into the club by club members at their next meeting.

Membership type (please tick)

☐
☐

Individual (\$30.00)

Country (\$30.00)

☐
☐

Family (\$30.00)

Overseas (\$30.00 local currency)

Payment method (please tick)

☐
☐

Cash (attached)

☐

Cheque (attached)

Online Wellington Antique Bottle & Collectibles Club; Acct No. 06 0529 0375347 00; your name as the ref

Please return this form to:

Lynda Holden, 24 Hupenui Road, RD 1, Greytown 5794

or email to super.sec@xtra.co.nz