

**MEMBERSHIP DETAIL FORM - To be filled in if paying by cheque**

**IMPORTANT - Please print out, fill in and attached to your cheque or your membership might not be validated.**

Name

.....

Residential Address

.....

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.....

.....

Post Code .....

Phone (Home) .....

Phone (Business) .....

Mobile .....

Email .....

Cheque number .....

Name on Cheque.....

**If paying by cheque – Please make the cheque out to:  
Celebrants Association of New Zealand Inc.  
and post with this form to:**

The Secretary  
CANZ  
P O Box 27192,  
Marion Square,  
Wellington 6141