

NELSON A & P ASSOCIATION

WWW.RICHMONDPARK.NZ

MEMBERSHIP FORM NELSON A&P ASSOCIATION

NAME: _____

POSTAL ADDRESS (include post code): _____

PHONE: _____

EMAIL: _____

YEAR JOINED: _____

SECTION/S INTERESTED IN (IF APPLICABLE): _____

MEMBERSHIP TYPE	COST	SHOW PASS AMOUNT	SELECT YES OR CHANGE TO
INDIVIDUAL MEMBERSHIP	\$25	1 X WEEKEND ADULT PASS	
PARTNER MEMBERSHIP	\$35	2 X WEEKEND ADULT PASSES	
FAMILY MEMBERSHIP	\$30	1 X WEEKEND FAMILY PASS	
COMPETITIVE MEMBERSHIP	\$50	10 X DAY COMPETITOR PASSES	
VOLUNTARY DONATION	\$		
		MEMBERSHIP CANCELLATION	
RECEIPT REQUIRED?		TOTAL:	

NOTE: ADULTS ARE 17 YEARS & OVER / FAMILY IS 2 ADULTS + 3 CHILDREN (UNDER 17 YEARS)

NEW MEMBERS DECLARATION:

I WISH TO BECOME A MEMBER OF THE NELSON AGRICULTURAL & PASTORAL ASSOCIATION AND UNDERTAKE TO PAY ANNUALLY FUTURE SUBSCRIPTIONS IN ACCORDANCE WITH THE RULES. I UNDERSTAND THAT I AM LIABLE FOR ALL SUBSCRIPTIONS UNTIL SUCH TIME AS THE NELSON A & P ASSOCIATION RECEIVE MY RESIGNATION IN WRITING.

If this is NOT a new membership application or if there is no increase in cost due to a change in membership type only pay the amount specified on your membership invoice.

**PAYMENT TO: 03 0751 0153040 00 - ADD YOUR FIRST NAME & SURNAME AS REFERENCE
Nelson A & P Association**

SIGNED: _____

DATE: _____

OFFICE USE ONLY TICKET SENT / HELD:

PAID:

METHOD:

P.O. Box 3062, Richmond 7050

03 544 7181

manager@richmondpark.nz

GST NO – 10-730-163