



STORYLINES: CHILDREN'S LITERATURE FOUNDATION OF NEW ZEALAND INC

MEMBERSHIP APPLICATION FORM

Please print out and complete this form, then post with your payment to:

The Membership Secretary
 Storylines
 PO Box 96 094
 Balmoral
 Auckland 1342

Please make your cheques payable to: **Storylines**
 For Internet banking see instructions below

For more information:
 Email: membership@storylines.org.nz

Thank you for your support

| | |
|---------------------|------------------|
| First Name | |
| Last Name | |
| Address..... | |
| | |
| Postcode..... | |
| Email | |
| Phone..... | Fax |
| Mobile..... | |
| Phone (work) | Fax (work) |
| Web..... | |
| Occupation..... | |

Type of Membership

(please tick box)

| | | |
|---|--|---|
| <input type="checkbox"/> Individual \$40.00 | <input type="checkbox"/> Family \$40.00 | <input type="checkbox"/> School \$50.00 |
| <input type="checkbox"/> Organisation (e.g.library, bookseller, publisher etc) \$50.00 or Network | <input type="checkbox"/> International \$60.00 | |

Do you belong to a group affiliated to Storylines? Yes No

If yes, then which group?.....

I am willing to have my name published in the newsletter as a new member of Storylines Yes No

I am including a donation \$..... Total Payment: (NZD) \$.....

Internet Banking: ASB 12-3015-0609998-00 a/c Name: **Storylines Children's Literature Foundation**
 Please include your name so that your transaction can be identified and remember to notify us by email.

How did you find out about Storylines?.....

YOUR PRIVACY: Your details are stored securely by Storyline's Literature Foundation of New Zealand Inc. We record your details to keep you informed about matters regarding children's literature, and the activities of the Storylines Foundation and Storylines Trust. Please advise us if you do not wish to receive such information, at P.O.Box 96 094, Balmoral, Auckland, or email membership@storylines.org.nz

| | | | |
|-------------------------|----------------|-----|------------------------------|
| Office Use Only: | Membership No: | | |
| Date Received: | Receipt: | | Donation: |
| Payment Received: | D/B | W/L | N/L M/C |