

## Christchurch Civic Trust Membership Form

PO Box 1927, Christchurch 8140

**Name:** 1) .....

2) .....

**Address:** .....

.....

..... **Postcode:** .....

**Tel:** .....

**Fax:** .....

**Email:** .....

### Contributing Skills

.....

.....

**Signature:** .....

Please tick where appropriate:

### Membership Categories

- |                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | Individual Membership   | \$30    |
| <input type="checkbox"/> | Joint Membership  | \$45    |
| <input type="checkbox"/> | Life Membership   | \$500   |
| <input type="checkbox"/> | Voluntary donation*<br><small>Special fund for Heritage Protection*</small> | \$..... |

### Payment Options

- Cash Enclosed
- Cheque Enclosed (made to Christchurch Civic Trust Inc)
- Online Payment (please include your name as reference)  
CCT Bank Account #: 389003 0081396 00

**Your Privacy:** The information on this form is used for membership purposes only.