



Website: [www.tranzaction.nz](http://www.tranzaction.nz)

email: [secretary@tranzaction.nz](mailto:secretary@tranzaction.nz)

## Membership Application Form

(Strictly Confidential)

Date of Application: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Year of Birth: \_\_\_\_\_  
(Full Name)

Given Name: \_\_\_\_\_ (Optional) Membership No \_\_\_\_\_ (if Known)

Please tell us the gender or description you identify as: (Male, Female, Non-Binary, etc)

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Membership type you are applying for:

- Full Membership
- Partner/Supporter Membership
- Associate/Supporter Membership
- Out of Town Membership

Where do you live?

Christchurch  Other Area: \_\_\_\_\_

Mailing Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (0 ) \_\_\_\_\_

Mobile: (02 ) \_\_\_\_\_

Email: \_\_\_\_\_

Can we contact you by email? Yes  No

Please return this form to us by email or post.

If you wish to make a donation to Tranzaction our Bank details are:

**Tranzaction 12 3147 0502316 00**

Please provide your name or membership number as reference

Tranzaction takes your privacy seriously.  
See our Privacy Policy on our website for details  
[www.tranzaction.nz](http://www.tranzaction.nz)