

OTAUTAHI MĀORI WOMENS WELFARE LEAGUE MEMBERSHIP FORM

Name _____
Home Address _____
Postal Address _____
Occupation _____
Home Phone _____
Mobile Phone _____
Business Phone _____
Fax _____
Email Address _____
Iwi _____

Community Involvement: _____

Your Skills: _____

Interests: _____

New Member Signature : _____

Please complete and return to:

Otautahi Maori Women's Welfare League
PO Box 16886, Christchurch 8042

Payment for annual membership fee **\$40.00**
Cheques can be made out to - **Otautahi Maori Women's Welfare League**
or by direct credit to - **WESTPAC account # 030802 0099807 00**