



ROYAL NEW ZEALAND INSTITUTE OF HORTICULTURE

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MEMBERSHIP APPLICATION FORM

Note: This form can be filled out electronically by typing in the text fields

Title First Name(s) _____ Surname _____

Postal Address _____

City / Town _____ Postcode _____ Province / State _____

Country Email

Phone Numbers

Day _____ Evening _____ Mobile _____ Fax _____

Are you renewing a
current subscription? Yes
 No

Have you been a
previous member? Yes
 No

- Which one applies to you?
- Corporate Body? (NZ\$125.00)
 - Individual Member or small Non-Commercial Society? (NZ\$80.00)
 - Joint Membership? (2 people sharing the same household) (NZ\$65.00 each)
 - Associate Membership? (over 60 years & member for 5 years or more) (NZ\$55.00)
 - New Zealand Gardens Trust member? (NZ\$40.00)
 - Student Membership? (proof of student status may be required) (NZ\$40.00)

Would you like
to make any
general
comments?

Payment Details

Total to pay: \$ _____ Date _____

Please post this form, along with your remittance to the address at the top of this form. Do not send cash -- make cheques payable to: "Royal New Zealand Institute of Horticulture". Note that we do not have credit card facilities.

Bequests and Donations will be gratefully acknowledged and are tax deductible within New Zealand