



Kowiana Association of New Zealand

Membership Form

Contact Details (Required)					
Title <input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs					
First Name(s) _____					
Last Name _____					
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____				
Contact Phone Number _____					
Email Address _____					
<i>Address Details</i>					
Street _____					
Suburb _____	City _____				
Post code _____					
Background Information (Optional)					
Occupation _____					
Place of Study/Course & Major (if applicable) _____					
<i>Background</i>					
How long have you been in <u>New Zealand</u>?					
<input type="checkbox"/> Years/months _____	<input type="checkbox"/> I was born here				
Which country did you move to NZ from? (if applicable) _____					
How long did you live there? (if applicable)					
<input type="checkbox"/> Years/months _____	<input type="checkbox"/> I was born there				
Which language are you more comfortable with using?					
<input type="checkbox"/> English	<input type="checkbox"/> Korean				
How did you hear about Kowiana?					
<input type="checkbox"/> Friend	<input type="checkbox"/> Event	<input type="checkbox"/> Internet	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Newspaper/Magazine	<input type="checkbox"/> Other
Payment (Required)					
Payment Method					
<input type="checkbox"/> I enclose a <u>cheque</u> to the value of \$10.00 (incl GST)					
Signature _____	Date _____				

Please post the completed membership form form and enclosed cheque to
Membership Director
PO BOX 1119 Shortland St
Auckland

Please write your full name on the back of the cheque.