

Waikouaiti Museum Society Incorporated  
P.O. Box 49  
Waikouaiti  
9541



Membership Form.

I/We .....hereby apply to become a member of the Waikouaiti Museum Society Incorporated for the forthcoming year (August-July)

My/our address is.....

My/our email address is.....

(This will be used only to send out newsletters and matters of interest and will not be disclosed).

I agree to be bound by the rules of the incorporated society.

Date.....

Signed .....

Form should be left at the Museum or given to a committee member together with membership fee of \$10 per single or \$20 for double/family. This entitles member to one visit per year to museum.