

**NEW ZEALAND HISTORY FEDERATION INC**

**Application for Membership**

Category Membership: ~~Affiliated Society~~      ~~Associate~~      Institutional  
(Please strike out two categories)

Name: .....

Mailing Address: .....

.....Post Code: .....

Name of Contact Person: .....

Position within Society (If applicable): .....

Contact Details:

Address (if different from above): .....

.....Post Code .....

Telephone .....

**PLEASE PRINT CLEARLY**

Email .....

Number of Financial Members: .....

Fees enclosed .....\$.....

Date & frequency of meetings: .....

Time of Meetings: ..... am or pm

Place of meetings: .....

Does the Society operate a museum?: Yes / No

If yes Days and Hours of Opening: .....

Society Officer Details    President: .....

Secretary: .....

Treasurer: .....

Any General Information we should know: .....

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Please return completed form to: The Secretary  
New Zealand History Federation Inc  
P O Box 1625  
Paraparaumu Beach  
WELLINGTON 5252