

Ohariu Preservation Society Incorporated

Application for Membership

Name: _____

Address: _____

Email: _____

I/we hereby apply for membership of the Ohariu Preservation Society and agree to abide by all regulations and conditions of membership as set down from time to time.

Signed: _____

Date: ____/____/____

Members must be 16 years of age or over.

Please return this application form along with the annual membership fee of \$5.00 per member to:

The Secretary

Ohariu Preservation Society

583 Ohariu Valley Road

Ohariu

Please make cheques payable to Ohariu Preservation Society

All information provided will be treated as confidential.