



# Pakistan Association of New Zealand

Together we share the joys  
Together we bear the pains  
Together we move ahead

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## Membership Form

PLEASE USE BLOCK CAPITALS TO FILL IN THIS FORM

New                       Renew                      Membership Number: \_\_\_\_\_

Basic Free                 General                       Associate

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Male / Female                      *Please circle one*                      Age: \_\_\_\_\_

### FAMILY MEMBERS DETAILS

Sr. #	Name	Email	Age	M/F	Relation with you
1					
2					
3					
4					

PHONE                       MOBILE

FAX

**Prefer Method of Communication**    Phone     Fax     TXT     Email

I am above the age of **16** years and the above details are true and best of my knowledge. I will abide by all terms and conditions of the Association and I respect and regard the aims and objectives of the Association. Membership Fee is for one year and is Non Refund. **Annual Membership Fee 10-Internet Banking (PANZ) 03-0118-0133861-00**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### FOR OFFICE USE ONLY

Membership No.                       Membership Type

FEE Paid                       Signature

Remarks