



# SFFANZ

Science Fiction and Fantasy Association of New Zealand Inc.

**SFFANZ,  
PO Box 13-574,  
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## SFFANZ Joining Form

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

Email \_\_\_\_\_

SFFANZ complies with the requirements of the Privacy Act (1993). You have the right to see and correct information we hold about you. Your details will not be released unless authorised by you or required by law.

Signature/Email \_\_\_\_\_ Date \_\_\_\_\_

The joining fee is \$10. We can no longer accept cheques.

[  ] Please tick this box if you pay by electronic banking. Pay to Acc #: 01-0505-0145774-00

*Particulars:* Membership      *Reference:* <Your Last name, First name or initial>

**Filling this form out electronically:** Most PDF readers can allow you to fill this form out on your computer. Click into each field to fill it out. When you are done, please save the PDF with your name added to the front. eg QueenieAlien\_SFFANZWindowJoiningForm.pdf or similar. Then email [treasurer@sffanz.nz](mailto:treasurer@sffanz.nz) to request membership, and attach the new PDF to your email.

**If posting:** Once you have filled the form out, re-fold this letter and place it in the enclosed envelope with the SFFANZ address in the window, or write the address on another envelope and post it to us.

**Administrative use only      Paid [  ]**

**Date and Time Paid** \_\_\_\_\_

**Signed**