



DPA (New Zealand) Incorporated
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APPLICATION
ORGANISATIONAL MEMBERSHIP 2009 - 2010

Region:
 GST No: 45-791-963

TAX INVOICE

Please accept this as the application from:

(full name of the organisation)

FOR: (Please tick to indicate which)

Organisation of Disabled People Membership (full membership
 rights including voting) []
 Our current Constitution and/or Rules are enclosed []

OR

Organisation for Disabled People Associate Membership (interested in
 activities of DPA, but non-voting). []

PLEASE COMPLETE THE FOLLOWING AS APPROPRIATE:

In support of our application for membership the following information is provided:

Contact Person:

Postal Address:

Telephone: Fax:

E-mail:

Total Membership or number of clients:

Principal Activities (in brief):

Other Relevant Information:

.....

Our Organisation of Disabled People Membership voting representative will be:

..... (name)

until we notify DPA National Secretariat otherwise.

MEMBERSHIP SUBSCRIPTIONS:

For the period ended 1 July 2009 to 30 June 2010:

- organisations with under 25 members or clients \$ 40.00
- organisations with 26 - 100 members or clients \$ 80.00
- organisations with 101 - 200 members or clients \$120.00
- organisations with 201 or more members or clients \$150.00

Subscription we are paying: \$

Donation to DPA: \$

TOTAL: (Cheque enclosed) \$

Signed:

Remittance can be made directly to our bank account.

BNZ, Wellington Account Number: 02-0500-0175915-00

Please send a completed copy of this Invoice to DPA when paying by bank transfer.