

DOCOMOMO NZ MEMBERSHIP FORM

1 July 2024 – 30 June 2025

NAME:

PHONE:

EMAIL:

- Please find attached my \$20.00 fee for annual membership of DOCOMOMO New Zealand only.
- Please find attached my **donation** of \$_____, making a **total** of \$_____.

Payment is to be made by electronic payment. Please be sure to identify your name with your payment, and also email the above contact information to Cara Francesco at cefrancesco86@gmail.com

Electronic payment to Kiwibank as per the following:

Account name:	DOCOMOMO NEW ZEALAND INCORPORATED
Account number:	38-9014-0561758-00