NEW ZEALAND FOUNDERS SOCIETY INC.

Web: <u>www.nzfounders.org.nz</u>



Please send your application form to the Branch which you seek membership as listed on our website. Membership fees are payable to the applicable Branch.

APPLICATION FOR MEMBERSHIP

Full Name of Applicant:	Mr / Mrs / Miss / Ms			
Current Address (incl post code):				
Email:				
Contact Telephone:				
Occupation:			Date of Birth:	
If you are related to an exist and their membership numb		please state t	heir name and R	elationship to you
				#

Membership of the NZ Founders Society is available to direct descendants of persons who arrived in New Zealand on or before 31 December 1865.

Please state below the ancestor through whom you wish to apply. If more than one, please include the information for each ancestor on a separate page.

Name of Ancestor	Place of Arrival	Vessel	Date of Arrival

In order of	descent from the above:	Full Name:		
Full Name		Relationship	Date of	Full Name of Spouse
		to the above	Birth	
Surname	First Names	row		

Please provide copies of the sources of the information relied upon in this application:

(Please Tick)

- Passenger list of the vessel of arrival this is our preferred verification; or
- Other documentation such as NZ birth certificate, death certificate or marriage certificate that provides proof of arrival prior to 31 December 1865; or
- A NZ executed will or land transfer showing proof of arrival prior to 31 December 1865
- A direct Descendancy Family Tree

Privacy Act

Please strike out if you do not consent:

I consent to my name being published in any of the Society's official information channels. E.g., websites, publications etc.

I understand and agree that information I have supplied may be made available to any person who is considered by the Society to have a genuine interest in researching records relating to me and my ancestors.

I consent to becoming a m	ember of NZ Founders Society Inc. and I am applying	for
membership of the	Branch	

In the Membership category of (please tick):

- Ordinary Adult (over 18 years) Branch membership fees apply.
- Junior (under 18 years) no fee
- Associate (Related to a member but not personally eligible as a full member) Branch membership fees apply.

Signed:		Dated:	/	/
Office Use Only:				
Verified by	of	Branch on	/	_/
Certificate #	issued and verified by	on	/	/

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APPLICATION FOR ASSOCIATE MEMBERSHIP

Full Name of Applicant:	Mr / Mrs / Miss / Ms			
	101155 / 1015			
Current Address (incl post				
code):				
Email:				
Contact Telephone:				
Occupation:			Date of Birth:	
Name of Eligible Member, p	blease state th	neir name and	d their membersl	nip number:
				#

Privacy Act

Please strike out if you do not consent:

I consent to my name being published in any of the Society's official information channels. E.g., websites, publications etc.

I understand and agree that information I have supplied may be made available to any person who is considered by the Society to have a genuine interest in researching records relating to me and my ancestors.

I consent to becoming an Associate Member of the NZ Founders Society Inc. and I am applying for membership of the ______ Branch,

in the Membership category of Associate (related to a member but not personally eligible as a full member) Branch membership fees apply.

Signed:	Dated:	/	/ /	,
\mathcal{O}				

Proof to support application: please supply proof of your relationship to the Eligible Member through whom you are applying.

Office Use Only:

Verified by	of	Branch on//
Certificate #	issued and verified by	on//