



MEMBERSHIP APPLICATION FORM

Applicant Details:

Contact details in applicant section will be used by **CBIP** for all email or written communication

CBIP Number		First name	Surname
Contact Address			
Phone:		Cell phone:	
Email Address		Fax:	

Employment Details:

Employer:	
Postal Address:	
Phone: <i>(if different from above)</i>	Email Address <i>(if different from above):</i>

Membership Type – click below to select

FEES 2010 YEAR
1 Nov 09 – 30 Jun 10
\$187.50 GST excl - \$210.94 GST incl

Please select/tick applicable membership type

Payment Details:

Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Order <input type="checkbox"/> Number <i>Please attach</i>
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date: / / Name on card:
(mm / yyyy)
Internet Banking: ----- <i>Please include CBIP number & surname with transaction</i>

Signature:	Date
Postal Address CBIP PO Box 8056 New Plymouth	Fax : 06 759 6840 Email: cbip@clear.net.nz

fax and email applications are welcome for credit card payment or internet banking