

Receipt/membership number:

## LILAC Membership Form

*Please print clearly*

Name \_\_\_\_\_

*Last name*

*First name/s*

Full home address:

\_\_\_\_\_  
\_\_\_\_\_

Postal address (*if different*)

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mob) \_\_\_\_\_

Email: \_\_\_\_\_

Alternate name, address, and contact information (eg a friend)

\_\_\_\_\_

The annual subscription which applies to me is (*tick one*)

\_\_\_\_\_ \$20 unwaged/benefit (May be paid \$5 each 3 months)

\_\_\_\_\_ \$35 (waged, up to \$36,000 pa)

\_\_\_\_\_ \$55 (waged, \$36,000 and up)

I agree to abide by LILAC rules.

Paid by (*tick one*)

\_\_\_\_\_ Cash, at the library (opening hours 11.00-1.00 Sat, 5.00-7.00 Wed)

\_\_\_\_\_ Cheque (enclosed) *Post to P O Box 427 Wellington.* You will be sent a membership card and receipt.

\_\_\_\_\_ By electronic or phone banking to: LILAC 030502 0030496 00 and email to: [membership@lilac.wellington.org.nz](mailto:membership@lilac.wellington.org.nz)

Please print and complete this form and send it to LILAC, P O Box 427 Wellington. You will be sent a membership card and receipt.

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use:

Member card issued \_\_\_\_\_

Receipt issued \_\_\_\_\_

Spreadsheet updated \_\_\_\_\_

Filing card written \_\_\_\_\_