THE DANISH SOCIETY (INC.), AUCKLAND
Application for membership in The Danish Society Incorporated

RESET

Family Name	Given Names	Date of Birth
Children (under the age of 18)		

Address: _____

_____

_____

_____

Telephone: _____
Business: _____
Mobile: _____
Email: _____
Email: _____

Are you Married? ___ **Yes / No** ___ **Date of marriage:** _____

Would you like us to announce your birthday and anniversary in our magazine? ___ **Yes / No** ___

New Members: All persons, or partners of, who are or have been Nationals of Denmark or who are descendants of Danish Nationals are eligible for membership as Ordinary Members. Please confirm your eligibility by providing copies of documentation supporting your Danish heritage when applying for Ordinary Membership.

New Associate Members: Persons who are not eligible as Ordinary Members, but who have a genuine interest in Denmark, its people and customs, may apply to become associate members. Could persons applying as Associate Members please give a brief background and an outline below of reasons for wishing to join.

Details: _____

_____

My / Our reason for joining the Society and areas of interest: _____

_____

Annual Subscription	Member	$65 per member	$
	Senior rate (65 & over)	$55 per member	$
	Youth rate (18–25)	$10 per member	$
	Children under 18	Free	
	Family Rate Discount	$30 less per couple	-$
Payment	Cheque ☐ Online ☐ date:_____	**Total:**	**$ 0.00**

Please send the completed Membership Application Form with payment (cheque or online payment reference/date) to: ……

Bank A/c 12-3036-0671539-000 Ref1: "**membership**" Ref2: "your name"

Membership subscriptions cover a full year from 1st October.
There are no pro-rata provisions if you join mid-year.
The Committee will consider your application at its next meeting and advise you accordingly.

Membership
The Danish Society Inc.
PO Box 12279
Penrose
Auckland 1642

I / We wish to apply for membership in The Danish Society (Inc.), Auckland.

Signed: _____
Date: _____

Office use only

Received	Approved	Type	Amount Paid	Receipt Sent

Form: DSM13SEP