

New Zealand Lily Society (Inc.)

Application for Membership Form

Name(s) _____

Address _____

Subscription _____ \$

Badge (\$5) Yes / No _____ \$

Total Enclosed _____ \$

NOTE:

Payment by cheque, bank draft, or money order is preferred if posting, and need not be registered if crossed 'Not Transferable'.

Please post to:

**The Secretary,
New Zealand Lily Society
PO Box 1394
Christchurch
NEW ZEALAND**