

Canterbury Pilgrims & Early Settlers Association Inc Membership Application Form

Please provide as many details as possible for our Association records

NAME :		
ADDRESS :		
PHONE NUMBER :	MOBILE :	
EMAIL :		
ANCESTORS NAME :		
ARRIVAL DATE & SHIP:		
YOUR RELATIONSHIP TO ANCESTOR	R:	
Any further relevant information:		
YOUR MEMBERSHIP STATUS		
[] Member: has ancestor in Canter	rbury before 31 October 1876	
	,	
[] Associate: interested person wil	lling to support the Association and its aims	
Age Group: [] under 30 [] 30-40	0 [] 40-50 [] 50-60 [] 60-70 [] 70+	
Signature:	Date:	

(Annual Subscription - \$25 (Valid 1 April - 31 March)

Please forward form and subscription to:
Canterbury Pilgrims & Early Settlers Association C/- 52 Quaifes Rd, Halswell, Christchurch 8025
OR

Deposit the Subscription into our bank account: Bank: BNZ Account #: 020800 -0183140 -00 Don't forget to include your name in the reference field and 'Subs' under particulars. You will then need to either post your form to the above address or email a copy to:

secretary@canterburypilgrims.nz