

Floral Art Society of New Zealand Inc.

Area Representative Information 2019

To be completed by Area Representative

Please print clearly and check that all information is correct

AREA: _____

NAME: _____

ADDRESS: _____

_____ **Postcode:** _____

PHONE NO: _____

EMAIL: _____

Please complete the above and forward by 31st March 2019 to

**FASNZ Secretary,
Marianne Gibson
PO Box 167
Matakana 0948**

PLEASE NOTE: By allowing personal information to be submitted on this Survey Form, it is accepted that the member has voluntarily agreed to act as a point of contact for the Area either in the FASNZ Address Book, the FASNZ Diary or on the FASNZ Website and Facebook page.