

Floral Art Society of New Zealand Inc

CLUB/GROUP FINANCIAL MEMBERS FORM 2019

NAME OF CLUB/GROUP: _____

AREA: _____

TREASURER'S NAME: _____

TREASURER'S ADDRESS: _____

TOTAL MEMBERSHIP
(including Life Members) as at 1st October 2019: _____

Please refer to the FASNZ Constitution April 2009 Clause 6 Affiliation and Membership:

6.1.3: The minimum number of members to be affiliated, in accordance with Incorporated Bodies Ruling, is 10.

6.4.2: Annual Membership Fees are payable for each member.

PLEASE RETURN this form BY 31st OCTOBER 2019

Sharon Beckett
FASNZ Treasurer
16 Everard Place
Ngongotaha 3010
Email: treasurer@fasnz.org.nz

MEMBERSHIP LIST: Club Treasurer please hold list of names and addresses of all financial members of Clubs/Groups as at 31st October 2019.