



Waikato Multicultural Council Inc.

PO Box 551, Hamilton 3240

info@waikatomulticultural.org.nz

waikatomulticultural.org.nz

facebook.com/waikatomulticultural

APPLICATION FOR MEMBERSHIP

Name of Organisation: _____

Postal Address: _____

Phone/Mobile: _____

Email: _____

Registration Status: (Please circle): Incorporated Society/Registered Charity/

Others (specify) _____

Year in which organisation was established: _____

Number of Members: _____

Ethnicity to which the members/organisation mostly belong to/relate to: _____

Brief description of services provided (use another page if required):

Name of current office bearers with positions: _____

Main contact person with contact phone/mobile & email: _____

Signature of President/Secretary & (Seal): _____

Date: _____

Email this application for current year membership to info@waikatomulticultural.org.nz or post to
Waikato Multicultural Council Inc. P O Box 551, Hamilton 3240.

Direct credit membership Fee \$10.00 (Ten Dollars) to **BNZ 02-0342-0122497-000**