



NEW ZEALAND FIRST

Thank you for your interest in the New Zealand First Party.

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POST TO:

Membership Secretary
New Zealand First Party
PO Box 795
Whangaparaoa 0943

Membership Application

(An official receipt confirming membership will be issued)

Mr/Mrs/Ms/Miss: _____
Circle First Name Surname

Address

Street _____

Suburb _____

City _____

Postcode _____

Phone: _____
Area Code Local number

Email address _____

Electorate (if known) _____

MEMBERSHIP

tick

Individual \$5.00 _____

Family \$10.00 _____

Donation: _____

Total: _____

Please enclose your cheque