



## Old Royalist Association of New Zealand Inc. (ORANZ)

### Membership Consent and Application Form

(Submit duly completed and signed form by email to [info@oranz.org.nz](mailto:info@oranz.org.nz))

To: The Secretary,  
Old Royalist Association of New Zealand Inc. (ORANZ)

I hereby consent to become a member of the **Old Royalists Association of New Zealand Inc. (ORANZ)**.

Provide your full legal name as it appears on a form of identification, such as your driver's licence or passport.

**First name**

**Last name**

**Middle Name(s)**

Contact address – This must be a street address that you use, it can't be a PO Box or DX address

**Street number & name**

**City**

**Postcode**

**Country**

**Contact email address**

**Contact Phone Number (Home/Mobile)**

**Occupation**

**Membership Category:**

(Refer below for Membership Fee details)

Ordinary

Student

Retired

Life

**Proposer and Seconder to Complete** (This section **MUST** be completed fully)

We recommend the above-named applicant for membership:

Proposer: \_\_\_\_\_ Member Category: \_\_\_\_\_ Signed: \_\_\_\_\_

Seconder: \_\_\_\_\_ Member Category: \_\_\_\_\_ Signed: \_\_\_\_\_

#### Privacy Act statement

Under the terms of the Privacy Act 2020, I acknowledge that this information is required for the processing of my application for membership in the Old Royalist Association of New Zealand Inc. (ORANZ) and that ORANZ will hold it as part of its records of my membership. I further understand that this information will be used from time to time for purposes related to my membership, including mailing notices, publications, newsletters, promotional and marketing materials and other matters to me. I acknowledge that my details can be published on the ORANZ website as a registered member.

#### Applicant's declaration

I certify that the information contained in this form and any accompanying documentation is correct. I agree that in the event of my election to any class of membership of the Old Royalists Association of New Zealand Inc. (ORANZ). I will be bound by the ORANZ Constitution, By-Laws and Codes of Professional and Member Conduct and will further the objectives of ORANZ as far as shall be within my power during such time as I remain a member. I accept that ORANZ reserves the right to expel me if any of the information in this form and any accompanying documentation are found to be falsified. I agree to keep ORANZ informed promptly of any changes to the above details.

Applicant's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

#### Annual Membership Fees (2024)

Member Category	Ordinary	Student (under 25)	Retired (over 65)	Life Onetime payment
Annual Fees	\$40	\$20	\$20	\$400

#### Online Bank Account Details

Bank: **BNZ Bank**  
Account Number: **02-0551-0000541-00**  
Reference: **LAST NAME**  
Code: **SubsYYYY (Year)**

#### For Office Use Only

Application received on: \_\_\_\_\_

Member category approved: \_\_\_\_\_

Approved by Committee on: \_\_\_\_\_

Membership Fees paid: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Included in Member Register: \_\_\_\_\_