

***The New Zealand Organ Preservation Trust (Inc.)***  
**Application for Membership**

I wish to apply for membership of the above Trust

Mr/Mrs/Miss/Ms

Given names \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

If elected I agree to abide by the rules of the Trust.

Signature \_\_\_\_\_

Please send the completed form along with the subscription  
(\$15 in 2010/11) to the Treasurer:

Mr Denis Thorby, 65 King Street, RANGIORA 7400