

# Right to Life Membership Application Form



Will you join us today in *defending Life?*



**Application for Membership:** *Your membership will give us a strong voice in advocating with Government, Parliament and Abortion Supervisory Committee for the right to life.*

**Promoting a culture of life by:** *Opposing the decriminalisation of abortion, seeking increased legal protection for mothers and infants, opposing euthanasia.*

Name: .....

Address: .....

Email: ..... Phone: .....

**Subscription:** *(please tick)*     Individual: \$12     Family: \$15

**Right to Life NZ Inc. PO Box 668, Christchurch 8140 Phone 03 385 6111**

Please print and return this form to us at address below.

- Sending a cheque made out to us
- Making a deposit to our bank account at Westpac 030802-0787992-00 using either online banking or going to your local branch and filling out a deposit slip and entering membership in the reference field

Right to Life New Zealand Inc.

P.O. Box 668,  
CHRISTCHURCH 8140

Phone: (03) 385 6111

Email: [admin@righttolife.org.nz](mailto:admin@righttolife.org.nz)

Web Site: [www.righttolife.org.nz](http://www.righttolife.org.nz)