



Right to Life New Zealand

Right to Life Membership Application Form

Membership Type Single \$15 p/a Family \$20 p/a

Mr Mrs Miss Ms

First Name: _____

Family Name: _____

Address: _____

Suburb: _____ City _____

Post Code _____

Phone (Home) _____ Phone (Cell) _____

Email _____

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

Web Site: www.righttolife.org.nz