NATURE PHOTOGRAPHY
SOCIETY OF NEW ZEALAND

http://www.naturephotography.nz/

APPLICATION FOR MEMBERSHIP

Name [First Applicant] _____

Name [Second Applicant] _____

Postal Address

_____

_____

_____ **Postcode** _____

Phone (mobile preferred) (____) _____

Email _____

Emergency Contact _____

Emergency Contact Phone (____) _____

PSNZ member Yes/No

I/We wish to apply for membership of the Nature Photography Society of New Zealand and agree to abide by the Rules of the Society and am/are agreeable to my/our name(s) and contact details being published in the NPSNZ Membership Directory.

First Applicant Signature _____ **Date** _____

Second Applicant Signature _____ **Date** _____

2025 Subscription Rates: Individual $55, Family $85

Amount To Pay $_____

A receipt and membership card will be available at monthly club meetings once your application has been processed. Please allow up to 14 days.

_____

Please scan and email this application form to:
membership@naturephotography.nz

Bank transfer

Deposit funds into account
38 9012 0153099 07
with your name in the payee or reference field
'join' in the code field