

# City Gallery Wellington Friends Application form



## Level of membership (please tick where applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Student \$30<br><small>(please send copy of I.D.)</small> | <input type="checkbox"/> Double membership \$80<br><small>(for two people at the same address)</small> |
| <input type="checkbox"/> Individual membership \$45                                | <input type="checkbox"/> Gift membership double \$80   |
| <input type="checkbox"/> Gift membership individual \$45                           | <input type="checkbox"/> Small business membership \$250   |

## Optional donation to City Gallery Wellington

- \$50     \$100     \$150

Total amount to be paid: .....

## Payment method (you can also pay in person at the front desk of City Gallery Wellington)

- Credit card  
(please fill in credit card details below)
- Cheque  
(please fill in cheque details below)

## Cheque details (please complete if applicable)

Cheque payable to City Gallery Wellington Friends is enclosed for \$.....

## Credit card details (please complete if applicable)

- Visa     Mastercard

Card number     |     |     |

Name of Cardholder: ..... Expiry date: .....

Signature: .....

## Contact details

Name: .....

Postal address: .....

..... Postcode: .....

Phone number: .....

Email address: .....

(please complete email address to receive your Gallery e-newsletter)

## Gift membership recipient details (please complete if applicable)

Name: .....

Postal address: .....

..... Postcode: .....

Phone number: .....

Email address: .....

Please send this gift membership to:

- me     the recipient(s) with the following message: .....

.....

.....

.....



**Please print and complete this form and send it to:  
Friends Co-ordinator, City Gallery Wellington, PO Box 2199, Wellington 6140**