

# **NORTH ISLAND SAINT BERNARD ASSOCIATION INC.**



## **MEMBERSHIP APPLICATION FORM**

I would like to join the North Island St.  
Bernard Assn Inc.,

### **New Members**

### **Membership Details:**

Name \_\_\_\_\_

Residential Address \_\_\_\_\_  
\_\_\_\_\_

Postal Address – (if different) \_\_\_\_\_

email Address \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

**Pedigree (or Pet) names of Saints and age.**

\_\_\_\_\_

Declaration – I/We, the applicant(s) for membership, agree to abide by the rules and regulations of the North Island St. Bernard Assn. Inc.

**Signatures:**

\_\_\_\_\_

**Membership Fees** – \$10.00 Single, \$15.00 double/family, \$10.00 out of zone membership.  
Send to – Treasurer, Cath Tippett, 19 Barrett Rd, Whalers Gate, New Plymouth 4310  
**or email form to [nisbainc@gmail.com](mailto:nisbainc@gmail.com)** and deposit using surname as reference to -  
NISBA Inc., ANZ 06 0433 0346074 00