

Application to establish a Red Cross Group



Please print in BLOCK CAPITALS with a Black or Blue Pen

The following Members wish to establish a Group of New Zealand Red Cross
in the _____ Area.

This Group would like to be affiliated with:
(Please select only one of the following options.)

_____ Branch

_____ Area Council

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

If additional names, please list on a separate page.

KEY CONTACT'S DETAILS

Full Name: _____

Title: Ms/Mrs/Miss/Mr/Dr/Other _____ Name you prefer to be known by: _____

Residential Address: _____

Suburb and Town: _____ Post Code: _____

Postal Address (if different): _____

Email Address: _____ Home Telephone: _____

Mobile Telephone: _____ Work Telephone: _____

Signature: _____ Date: _____