



Membership Form

First Name:

Last Name:

Country:

Postcode /ZIP:

Phone:

Email address:

Address in NZ:

Address in Bangladesh (Optional):

Additional Information

SPOUSE (if Any): Full Name (Optional):

Home Number (Optional):

Proposed By (Optional):

Comments and remarks (If Any) (Optional):

Signature

Date.....

Note: Membership fee \$10 for 2 years. This manual form has to be approved by BANZI EC committee.
We encourage you to do this membership online, if there are any difficulties this form may be considered.

