



# Join the Friends Membership

**Come Join Us:** Please fill in the attached membership form and post with this letter to:  
The Friends of Aigantighe Art Gallery, P.O. Box 780, Timaru, New Zealand

**1. Please provide your personal details:**

Date \_\_\_\_\_ Are you a new member (please circle) **Yes** **No**

Membership name \_\_\_\_\_

Membership address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Please circle your payment: **Student \$10** **Single \$25** **Double \$35**

Would you like to make a donation? Registered entity under the Charities Act, Cc42952 (please circle) **Yes** **No**

Would you like to receive a receipt posted to you? (please circle) **Yes** **No**

Do you consent to your name appearing in the newsletter as a new Friend? (please circle) **Yes** **No**

**2. Please POST this form to:** The Friends of Aigantighe Art Gallery, PO Box 780, Timaru

**And either pay by cheque or direct credit:** Bank No. 06-0996-0727137-00

Please include your name so that we can identify your payment

**3. For enquiries contact:** Email: [friends@aigantighe.org.nz](mailto:friends@aigantighe.org.nz)

The Friends have enriched the Aigantighe considerably

Thank you for your support. Visit our website <http://friends.aigantighe.org.nz>



**Please KEEP this section as proof of payment for your own records:**



**Membership Proof of Payment**  
**Subscription 1 July - 30 June**

The Friends of Aigantighe Art Gallery, PO Box 780, Timaru

Date: \_\_\_\_\_

Life member	Honorary	
Single membership	\$25	\$ _____
Double membership	\$35	\$ _____
Student membership	\$10	\$ _____
Would you like to make a donation? (Tax deductible)		\$ _____
<b>Total payment (For your records)</b>		<b>\$ _____</b>