

KRRA Membership Application Form

Contact Details

First Name

Surname

Mobile Number

Email Address

Email newsletter to this address?

Yes / No

Second Person (Optional)

First Name

Surname

Mobile Number

Email Address

Email newsletter to this address?

Yes / No

Kuaotunu Address

Kuaotunu 3592

Home Phone

Other Address (if applicable):

Home Phone

Membership Option

# of Years	# of People	Fee (per Person, per Year)	Donation (optional)	Total
<input type="text" value="1 / 5"/>	<input type="text"/>	<input type="text" value="\$10"/>	<input type="text"/>	<input type="text"/>

If you choose the 5 Years option, please note that NO refund of fees will be made if you resign your membership before the 5 years is up!