



KASK Membership Form/Renewal Form

Surname: _____ Given names: _____

Second person if family membership: _____

Postal address: _____

City/Town: _____ Area code: _____

Country: _____

Telephone no.: _____ Mobile no.: _____

E-mail address: _____

Gender (please tick): Male: _____ Female: _____

Type/Model of sea kayak(s) owned: _____

Name of any canoe/kayak club or network that you belong to: _____

Do you wish to receive via e-mail, notification of news of the KASK web site: Yes: _____ No: _____

Financial year: Financial Year runs 1 August - 31 July. If membership renewal is not received by 30 September then Membership has lapsed.

Family Membership: Any two or more people who live at the same address.

New Member: Receives the latest *NZ Sea Kayaker* Magazine.

Are you a **NEW** member or is this a **RENEWAL**? (Please tick): New: _____ Renewal: _____

Single membership:	\$40.00	_____	.00
Family membership:	\$40.00	_____	.00
Overseas membership:	\$40.00	_____	.00

Total _____

Payment Options:

- Direct Credit (preferred) to: Kiwi Assoc. Sea Kayakers, Westpac Bank, account no. **031706001020500** (please note your full name for our reference)
- Cheque - please make payable to: "Kiwi Assoc. Sea Kayakers"

Privacy Act Declaration. (Sign only if you are willing to have your contact details published.)

I consent to the collection of my contact details by KASK, to use and disclose these details for circulation to other KASK members. I understand my name, address, home telephone number and e-mail address may be published in the KASK contact list. I acknowledge my right to the access of and correction of this information. This consent is given in accordance with the Privacy Act 1993.

Signed _____

Print Name _____

To return your Membership form

Email to: admin@kask.org.nz

Or post to: KASK, P.O. Box 23, Runanga, West Coast, 7841, New Zealand