

**FRANKLIN ARTS & CULTURAL TRUST
FRIENDS AND DONORS FORM**



PLEASE CHOOSE:
 I AM A NEW FRIEND THIS IS A RENEWAL I WOULD LIKE TO BE A DONOR
 MEMBERSHIP NO: _____

1ST MEMBER NAME _____ DATE OF BIRTH^{*3} (DD/MM/YY) _____

ADDRESS _____

SUBURB _____ CITY & POSTCODE _____ COUNTRY _____

DAY PHONE _____ NIGHT PHONE _____ MOBILE _____

EMAIL ADDRESS _____

MY AREA OF INTERESTS ARE: (PLEASE TICK AND STATE OTHER INTERESTS IN SPACE PROVIDED.)
 VISUAL ARTS PERFORMING ARTS TEXTILE ART WOODWORK CERAMICS PHOTOGRAPHY
 JEWELERY COOKING CHILDREN'S HOLIDAY PROGRAMME TERM CLASSES MULTI CULTURAL
 EVENTS EXHIBITIONS GALLERY SHOP SALES VOLUNTERING MY TIME BE A TUTOR DIGITAL ART
 MAORI ART ART TALKS ART DISCUSSIONS ART TOURS FILM MAKING LITERARY
 PROGRAMMES MUSIC OTHERS: _____

NAME TO APPEAR ON MEMBERSHIP CARD _____

MEMBERSHIP OPTIONS ANNUAL FEES (PLEASE TICK BELOW)

<p>FRIEND MEMBERSHIP</p> <input type="checkbox"/> SINGLE INDIVIDUAL - \$30 <input type="checkbox"/> STUDENT/SENIOR CITIZEN - \$15.00 <input type="checkbox"/> COUPLE/FAMILY ^{*1} -\$50 <input type="checkbox"/> SINGLE LIFE - \$300 <input type="checkbox"/> DOUBLE LIFE - \$500	<p>DONOR MEMBERSHIP</p> <input type="checkbox"/> PRIVATE DONOR - \$250 & ABOVE <input type="checkbox"/> VISIONARY DONOR- \$500 & ABOVE <input type="checkbox"/> FAMILY DONOR -\$1000 & ABOVE <input type="checkbox"/> CORPORATE DONOR ^{*2} - \$1000 & ABOVE
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I LIKE TO GIVE A DONATION TO FACT FOR \$ _____ TOTAL AMOUNT \$ _____

METHOD OF PAYMENT (PLEASE SELECT)

VISA MASTERCARD CASH CHEQUE NO: _____ EFTPOS

CREDIT CARD HOLDER'S NAME _____ EXPIRY DATE _____

CARD NUMBER
(PRINT CLEARLY) _____

CARD HOLDER'S SIGNATURE _____

PLEASE NOTE:
^{*1} COUPLE/FAMILY – UP TO 2 ADULTS AND 2 CHILDREN UNDER 18 YEARS OLD.
^{*2} CORPORATE DONOR – UP TO 4 NOMINATED INDIVIDUALS FROM THE COMPANY
^{*3} MANDATORY INFORMATION – BE SURPRISED!

PLEASE MAKE CHEQUE PAYABLE TO: FRANKLIN ARTS & CULTURAL TRUST
 POST OR HAND IN COMPLETED FORMS TO FACT AT FRANKLIN THE CENTRE, MASSEY AVENUE, PO BOX 586, PUKEKOHE.
 OFFICE HOURS: MON – FRI 9.30AM – 4.30PM, SAT & SUN 9.30AM – 2.30PM. TEL 09 2388899 Fax 09-2388839
 EMAIL:FACC@XTRA.CO.NZ
 YOU WILL BE SENT A RECEIPT AND YOUR NEW MEMBERSHIP CARD/S. THANK YOU FOR YOUR KIND SUPPORT AND FOR
 YOUR GENEROUS DONATION.

FOR OFFICE USE ONLY: DATE RECEIVED:	PROCESSED BY:	ORDER MEMBERSHIP CARD:	NEW MEMBERSHIP NUMBER:
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FRANKLIN ARTS & CULTURAL TRUST
FRIENDS & DONORS - SUPPLEMENTARY MEMBERS



PLEASE FILL IN ADDITIONAL INFORMATION HERE FOR FAMILY OR CORPORATE MEMBERS

2ND MEMBER NAME DATE OF BIRTH³ (DD/MM/YY)

ADDRESS (IF DIFFERENT)

SUBURB CITY & POSTCODE COUNTRY

DAY PHONE		NIGHT PHONE		MOBILE	
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 PROGRAMMES MUSIC OTHERS:

3ND MEMBER NAME DATE OF BIRTH³ (DD/MM/YY)

ADDRESS (IF DIFFERENT)

SUBURB CITY & POSTCODE COUNTRY

DAY PHONE		NIGHT PHONE		MOBILE	
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 PROGRAMMES MUSIC OTHERS:

4TH MEMBER NAME DATE OF BIRTH³ (DD/MM/YY)

ADDRESS (IF DIFFERENT)

SUBURB CITY & POSTCODE COUNTRY

DAY PHONE		NIGHT PHONE		MOBILE	
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EMAIL ADDRESS

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