



Maa Shakti Charitable Trust

Auckland New Zealand Regd. 2541817

(This organisation is a non-profit organization)

Membership Form

(YEAR 2013-2014)

MEMBERSHIP NO:

Name:Male

☐

Female

☐

Date of Birth

Contact Number: (Ph)..... (Mob).....

Address:

Email:

Declaration: *I promise to abide by the rules and regulations of Maa Shakti Charitable Trust Auckland New Zealand as set out in its constitution. visit: www.maashakti.org.nz for terms & conditions.*

Applicant Signature

Date:

Membership Fees for the year : \$50 (Fifty Dollars Only) per person

PAYMENT :

By Direct Credit : Bank Account No: 02-0232-0047000-00
(Your Full Name in Reference & Send filled form to email info@maashakti.org.nz or contact 022 452 4622)

By Cheque : Send Cheque with Form to :
PO Box 82042, Highland Park, Manukau, NZ-2143

FOR OFFICIAL USE ONLY:

I DO HERE BY CONFIRM THAT
IS A MEMBER OF MAA SHAKTI CHARITABLE TRUST AUCKLAND NEW ZEALAND.

APPROVED BY..... MEMBERSHIP NO:

SIGNED

Date: