



Naseby Vision (Inc) Membership Application Form

Name: _____

Main Postal Address: _____

Naseby Address: _____

Telephone contacts: _____

E-mail: _____

If you wish to contribute your skills and knowledge to Naseby Vision (Inc) projects at some time in the future, please list your community interests and experience for the database: _____

Signature: _____ Date: _____

Nominated and approved by current Naseby Vision (Inc) committee members on receipt of this completed form:

PLEASE RETURN TO:-

**THE SECRETARY, NASEBY VISION (INC)
P O BOX 79
NASEBY 9354**

**Or email to:-
hilary.allison@xtra.co.nz**