



It's Our City Inc.
P.O.Box 21008
Christchurch 8143
03 379 3873
info@itsourcity.org.nz

Membership Application Form

Name

Address

Phone	Fax	Cell
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Email

Area of Interest (please tick)

Local Democracy Heritage Development Buliding/Architecture

Business Development Water Rates/Finances Safety

Other (please specify)

I would like to participate with It's Our City, Inc. I can offer the following:

Volunteering Help with the Campaign Make a donation

Terms and conditions

- The duration of membership is 12 months, not automatically renewable.
- The conditions of membership are governed by the constitution of It's Our City Inc.
- By signing up as a member you agree to periodically being sent information from It's Our City, either by email, mail or both, and to be contacted by phone.

Date

Signature

Please send the application to 'Membership Secretary', It's Our City Inc., PO Box 21008, Christchurch 8143