



## MEMBERSHIP FORM

NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GENDER: \_\_\_\_\_ DATE OF BIRTH (DMY): \_\_\_\_\_

STREET / PO ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ TOWN: \_\_\_\_\_ POST CODE: \_\_\_\_\_

COUNTRY OF ORIGIN: \_\_\_\_\_

LANGUAGES SPOKEN: \_\_\_\_\_

VISA STATUS: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*Donations are welcome & appreciated!**

If you would like to make a donation, please do so in cash at the Centre or to the account number 12-3099-0866405-01  
Please use your name and phone number as a reference.

### REASON FOR VISITING MULTICULTURAL WHANGAREI

IMMIGRATION

DRIVER'S LICENSE

SOCIAL

HEALTH

TRANSLATION

MEMBERSHIP

FAMILY ISSUES

LANGUAGES/EDUCATION

EMPLOYMENT (Fill in Work Status Form)

HOUSING

WOULD LIKE TO VOLUNTEER

OTHER  \_\_\_\_\_

#### OFFICE USE ONLY:

DATE ENTERED ON DATABASE \_\_\_\_\_ CLIENT NUMBER # \_\_\_\_\_

DATE ENTERED ON MAILCHIMP: \_\_\_\_\_