

APPLICATION FORM

The Whānau Card attracts an annual fee of \$65.00 per family.

For Whānau Card *Terms and Conditions* please go to our website www.tepuia.com

PRIMARY CARDHOLDER (name to appear on card)

15 years +

First Name: _____ **Last Name:** _____

Mr / Ms / Mrs (please circle one)

Address: _____ **Suburb:** _____

Street / Avenue / Road / PO Box (please circle one)

City: _____ **Post Code:** _____ **Region:** _____

Phone: _____ **Mobile:** _____

Email Address: _____

SECONDARY CARDHOLDER

15 years +

First Name: _____ **Last Name:** _____

Mr / Ms / Mrs (please circle one)

Address: _____ **Suburb:** _____

Street / Avenue / Road / PO Box (please circle one)

City: _____ **Post Code:** _____ **Region:** _____

Phone: _____ **Mobile:** _____

Email Address: _____

By signing below you agree to the Whānau Card *Terms and Conditions*

SIGNATURE (Primary Cardholder): _____

Date: ___/___/___

Office use only: Expiry ___/___/___

Please send this completed form with your payment to TE PUIA, PO BOX 334, ROTORUA 3040 and your card will be posted to you. On your first visit to Te Puia, your card will be activated and photos of the cardholders will be taken for future identification.