



FEDERATED MOUNTAIN CLUBS OF NZ (Inc)

Tax Invoice GST 10-161-681

Date: _____

APPLICATION TO BECOME AN ASSOCIATE (School)

SCHOOL NAME: _____

MAILING ADDRESS: _____

POSTCODE _____

TEACHER i/c OUTDOOR EDUCATION: _____

EMAIL CONTACT ADDRESS _____

(Please print this very clearly)

STUDENT NUMBERS

(Only include students who have enrolled for Units Standards in Outdoor Recreation)

Year 12 _____

Year 13 _____

TOTAL _____

BULLETIN DELIVERY

Your School's Bulletins have to be delivered to a **street address** (by Courier) and NOT a P O Box. Please supply a street address to which your School's Bulletins should be sent:

DELIVERY ADDRESS: _____

Must be a street
address for a
Courier

FEE

The Annual Associate (School) Fee is \$60

This can be paid by cheque with this form or by direct credit to our account 02 0536 0102339 00

If you pay by Direct Credit please ensure your School name is included in the "Details"

and write the date of the payment here : _____

Return this form to FMC, P O Box 1604, Wellington 6140