

NEW ZEALAND FOUNDERS SOCIETY INC.

Web: www.nzfounders.org.nz



Please send your application form to: membership@nzfounders.org.nz
Membership Fees must be paid before Membership is accepted.

APPLICATION FOR MEMBERSHIP

Full Name of Applicant:	Mr / Mrs / Miss / Ms		
Current Address (incl post code):			
Email:			
Contact Telephone:			
Occupation:		Date of Birth:	
If you are related to an existing member, please state their name and Relationship to you and their membership number:			
			#

Membership of the NZ Founders Society is available to *direct descendants* of persons who arrived in New Zealand on or before 31 December 1865.

Please provide copies of the sources of the information relied upon in this application:
(Please Mark documents attached)

- Passenger list of the vessel of arrival – this is our preferred verification.
- Other documentation such as NZ birth certificate, death certificate or marriage certificate that provides proof of arrival prior to 31 December 1865, or a NZ executed will or land transfer showing proof of arrival prior to 31 December 1865.
- A direct Descendancy Family Tree

Privacy Act

Please strike out if you do not consent:

I consent to my name being published in any of the Society's official information channels. E.g., websites, publications etc.

I understand and agree that information I have supplied may be made available to any person who is considered by the Society to have a genuine interest in researching records relating to me and my ancestors.

I consent to becoming a member of NZ Founders Society Inc. and wish to align with the local _____ Branch, or if not specified, the Remote Branch.

In the Membership category of (please mark):

- Member - Adult (over 18 years) Branch membership fees apply.
- Member - Junior (under 18 years) no fee

Signed: _____ Dated: ____/____/____

email: membership@nzfounders.org.nz
Postal Address: 6 Burleigh Place, Rototuna, Hamilton 3210

Office Use Only:

Certificate # _____ issued and verified by _____ on ____/____/____

Full Name of Applicant:	
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Please state below the ancestor through whom you wish to apply.
 If more than one, please include the information for each ancestor on a separate section.
 (Page 3 can be duplicated if more than two ancestors)

Name of Ancestor	Place of Arrival	Vessel	Date of Arrival

In order of descent from the above: Full Name:				
Full Name		Relationship to the above Ancestor	Date of Birth	Full Name of Spouse
Surname	First Names			

Name of Ancestor	Place of Arrival	Vessel	Date of Arrival

In order of descent from the above: Full Name:				
Full Name		Relationship to the above Ancestor	Date of Birth	Full Name of Spouse
Surname	First Names			