



ARCC - AUCKLAND REFUGEE COMMUNITY COALITION

APPLICATION FOR MEMBERSHIP

Legal Name of Organisation : -----
Company Registration No. : -----
Name of Contact Person 1 : -----
Title : -----
Name of Contact Person 2 : -----
Title : -----
Contact Address : -----

Postal Address : -----
(if different from above) : -----
Phone : ----- Mobile -----
Fax : -----
Email : -----
Website : -----
Signature : ----- Date -----

Office Use:

Date Received: ----- *Date Processed* -----

Signature: -----

Comment: -----