



Charities Registration: CC26922

INDIVIDUAL MEMBERSHIP APPLICATION FORM

I, _____ (Please print name)

a resident of Kapiti; would like to make application to become a member of The Kapiti Community Foodbank Inc.

Address: _____
Full Postal Address

Telephone: _____

e-mail address: _____

Nominated by:

Signed _____ Please print Name

Date _____

Mob Phone: _____

Signed _____ Please print Name

Date _____

Mob Phone: _____