



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: \_\_\_\_\_