

# GirlGuiding New Zealand Network Application Form



Known Name	
Christian Name	
Surname	
Initials	

Date of Birth		Place of Birth	
Gender		Ethnicity	
Religion		NZ Driver Licence No	

Address			Postal Code	
Telephone	Home	Work		
	Mobile			
Fax	Email			
Alternative contact address [ie permanent NZ address – could be parents]				

Region	Years as a girl member
Highest Girl Award	

Occupation
Position and/or employer
Skills/hobbies
Qualifications [professional]

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address for return of this form –  
Network Registration  
GirlGuiding New Zealand  
National Office  
P O Box 13 143  
Christchurch

*The personal information contained in this form will be used by GirlGuiding New Zealand to keep you informed of initiatives, events and opportunities through the organisation. The information will form part of Network membership records and will be used by GirlGuiding New Zealand personnel. The information will not be made available to any other organisation without your permission. You have the right to access, and request correction of any information about yourself held by GirlGuiding New Zealand.*