New Zealand Association for Comparative Law  
(Incorporated under the Charitable Trusts Act 1957)

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NZACL MEMBERSHIP APPLICATION FORM

Family Name: _______________________________________

Given Names: _______________________________________

Title: _____________________________________________

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____________________________________

____________________________________

____________________________________

Telephone: _______________________________ (work) _______________________________ (home)

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Occupation: ______________________________________

Background or Special Interests:  
(eg postgraduate studies in the US, interest in human rights and trade law harmonisation):

____________________________________

____________________________________

____________________________________

Languages Spoken: ______________________________________

Name of any other(s) who may be interested in joining: ______________________________________

Please send completed application form and cheque (payable to “New Zealand Association for Comparative Law”) to the Secretary, New Zealand Association for Comparative Law, c/o Faculty of Law, Victoria University of Wellington, PO Box 600, Wellington, New Zealand:

Annual Subscription: $25  
Donation: $ ________

OR:

3-year membership (optional): $70  
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Total: $25 (+$ _____ )  
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Pursuant to the Privacy Act 1993, I (delete one): DO  
DO NOT

CONSENT to my name being included in the list of members in the formal annual record as may be published by the New Zealand Association for Comparative Law.

Signed: ______________________________________

Dated: ______________________________________