

## APPLICATION FORM

The Whānau Card attracts an annual fee of \$60.00 per family.

For Whānau Card *Terms and Conditions* please go to our website [www.tepuia.com](http://www.tepuia.com)

### PRIMARY CARDHOLDER (name to appear on card)

15 years +

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Mr / Ms / Mrs (please circle one)

**Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

Street / Avenue / Road / PO Box (please circle one)

**City:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_ **Region:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### SECONDARY CARDHOLDER

15 years +

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Mr / Ms / Mrs (please circle one)

**Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_

Street / Avenue / Road / PO Box (please circle one)

**City:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_ **Region:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

By signing below you agree to the Whānau Card *Terms and Conditions*

**SIGNATURE** (Primary Cardholder): \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Office use only: Expiry \_\_\_/\_\_\_/\_\_\_

Please send this completed form with your payment to TE PUIA, PO BOX 334, ROTORUA 3040 and your card will be posted to you. On your first visit to Te Puia, your card will be activated and photos of the cardholders will be taken for future identification.