



composers association of new zealand inc
te rōpū kaitiito pūoro o aotearoa

p o box 4065, wellington, new zealand

2004 membership application form

membership information

All members receive Canzona yearbook and bi-monthly Canzonetta.

- **full membership** • For active composers. Voting rights.
One-year membership \$80 discounted to \$75 if paid by 31 May
Three-year membership \$240 discounted to \$210 if paid by 31 May
- **associate membership** • For individuals and groups interested in and supportive of NZ composition but who do not consider themselves active composers. No voting rights.
One-year membership \$55 discounted to \$50 if paid by 31 May
- **student membership** • For those enrolled at a recognised educational institution (ID details required). Voting rights.
One-year membership \$25 discounted to \$20 if paid by 31 May
- **unwaged membership** • For those who would normally be full members whose family income is less than the minimum wage. Voting rights.
One-year membership \$35 discounted to \$30 if paid by 31 May
- **library membership** • For schools, libraries and institutions. No voting rights.
One-year membership NZ\$40 (Overseas NZ\$55)
- **benefactor membership** • For individuals and organisations who wish to support the aims of CANZ. No voting rights.
One-year membership \$105

note:

- *New members who join after June will pay: one-half of the full year subscription if joining between July and September; one-quarter of the full year subscription if joining between October and December. They will receive Canzona.*
- *In accordance with the rules intending full/unwaged members may be requested to provide evidence of their compositional activity.*
- *Overseas members please add \$15 supplement to cover airmail postage*



2004 membership application

Please make cheques payable to "Composers Association of New Zealand Inc."
Post your payment to CANZ, P.O. Box 4065, Wellington, New Zealand

Membership type

please tick one

- Full Member
- Associate Member
- Student Member*
- Unwaged Member
- Library Member
- Benefactor Member

Other Information

please tick below as appropriate

- I require a receipt for my subscription
- I do not wish my details to be published on the CANZ members list

* please include photocopy of current student ID

Personal details

Title _____ First name _____ Surname _____

Address: _____

Town/City _____ Post code _____

Country _____

Ph. (H) _____ (W) _____ Fax _____

Email _____

Amount \$

Subscription _____

Overseas postage (\$15) _____

Donation _____

Total payment _____