

**GREY POWER THAMES  
MEMBERSHIP APPLICATION FORM**

**I hereby apply for membership of Grey Power Thames Association Incorporated**

Surname:.....Preferred first name.....Mr/Mrs/Ms/Miss.

Wife/husband/partner.....

Residential/postal address:.....

Phone:.....Mobile.....Email:.....

Birthdate month & year (optional).....

Current occupation.....OR if retired, prior occupation.....(optional)

I DO / DO NOT wish to receive promotional material. (please circle your preference)

**Subscription    Single: \$15        Couple: \$25**

**Please forward this application form to: The Secretary, Grey Power Thames,  
303 Kauaeranga Valley Road, RD2, Thames, 3577.    Email: [barry.carolyn@xtra.co.nz](mailto:barry.carolyn@xtra.co.nz)    Ph 7 8686353**

**Once your application has been approved we will contact you with payment details.**