

Libeau Descendants Incorporated P O Box 185 Kaiapoi 8252 New Zealand

Application to join Libeau Descendants Incorporated

We / I, (name))	
of (address)		
(Occupation)		
* * *	•	Descendants Incorporated society and agree to abide by the ent subscription is \$25.00 per year or part year ending 31
Subscription e	enclosed: \$	
members, whi		ed societies, we are required to maintain a register of all the above information. This information is for use by the gal obligations.
Other informa	tion requested	
Home telephone number:		
Work telephone number / extension If applicable		
Facsimile number		
Cellphone / Mobile number		
Email address		
Date of birth.		
Partner / Spouse Name		
Partner / Spouse Date of Birth		
Reference: Pag	ge in Libeau book	
For office use	only	
Date joined:		Member ID number