Please fill in the following details and return the form to [membership@mensa.org.nz](mailto:membership@mensa.org.nz).

*Note as this is a Word document the table cells can expand as needed*

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| *Preferred name* |  |
| *Name of Parent or Guardian if under 18* |  |
| Postal address |  |
| Personal email |  |
| Secondary email *(or parent/guardian email if under 18)* |  |
| Phone number |  |
| Date of Birth dd-mmm-yyyy |  |
| Gender |  |
| *Mensa Home Country* |  |
| *- membership ID number* |  |
| *- last address held on record* |  |
| *- previous name (if different)* |  |
| Date of arrival in NZ |  |
| Approximate length of stay |  |
| Signature *(typed is fine)* |  |

Note, we need to confirm your membership with your national Mensa group. We will do this directly with them using the details you have provided on this form. Once the form and overseas confirmation have both been received, you should then receive an email from the Membership Officer.