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

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

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| *Preferred name* |  |
| Personal email |  |
| *Mensa Home Country* |  |
| *Membership ID number* |  |
| *Membership subscription expiry date* |  |
| Signature *(typed is fine)* |  |

Please note that we will need to confirm your existing membership with your national Mensa group. We will do this directly with them using the details you have provided on this form.