



## MENSA NEW ZEALAND Inc.

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Member Society of Mensa International [www.mensa.org](http://www.mensa.org)

### Prior Evidence Form

Should I become a member of Mensa New Zealand, I agree to abide by its constitution.

Please complete the information below for our records.

|                            |                         |        |
|----------------------------|-------------------------|--------|
| <b>Title</b>               | e.g. Ms, Mr             |        |
| <b>Name</b>                | First name(s)           |        |
|                            | Known as<br>(e.g. Max ) |        |
|                            | Last name               |        |
| <b>Address</b>             | No. and street          |        |
|                            | Suburb                  |        |
|                            | Town / City             |        |
|                            | Province / Area         |        |
|                            | Postcode                |        |
| <b>Date of birth / age</b> | Day / Mth /Year         | / /    |
| <b>Phone numbers</b>       | Hm / Wk<br>and Mobile   | / Mob: |
| <b>Email address</b>       |                         |        |
| <b>Gender</b>              | Please circle           | M F    |
| <b>Signature</b>           | Please sign here        |        |

Submit your evidence of prior IQ testing by a registered psychologist with the applicable fee to:

**Mensa NZ Inc. PO Box 5765, Wellesley St, Auckland 1141, New Zealand**

Original documents will be returned to you, but we also accept copies certified by a JP or equivalent. Scanned originals may be sent by email to [join@mensa.org.nz](mailto:join@mensa.org.nz)

Should your evidence be approved, you will be offered the first year's subscription free, for membership of Mensa New Zealand Inc. and all the associated benefits and services.

Enquiries please email [join@mensa.org.nz](mailto:join@mensa.org.nz)

### **Payment Options:**

Fee                \$45 Adult  
                      \$30 for Student / Unwaged / Senior (enclose copy of evidence ID)

(please tick method used)

- By cheque to the PO Box address below
- By direct credit to BNZ account **02-0200-0167315-000**  
(Make sure to include your NAME and reference PRIOR in the payment details.)

### **Send this form and original documents to**

**National Testing Officer**  
PO Box 5765, Wellesley St, Auckland 1141

Or

Email original documents and this form to: [join@mensa.org.nz](mailto:join@mensa.org.nz)