



## **Membership application**

Please provide the information below in an email  
to [pifnag.secretary@gmail.com](mailto:pifnag.secretary@gmail.com)

Name:

Address:

Phone: (daytime)

Mobile

Email:

Organisation / Community Group:

Role/ Occupation:

Your contribution to PIFNAG?

## **Payment**

Individual Membership: Valid with an annual  
payment of \$20. Please pay to:

Pacific Islands Food and Nutrition Action Group  
(PIFNAG)

ASB Bank 12-3013-0092390-00