



Membership Form

full name:

date of birth:

telephone:

address:

email:

Return this form and your cheque to:
SPCA Canterbury, P.O. Box 16880, Hornby,
Christchurch 8441 OR visit the Animal Centre,
Wilmers Road, Hornby .
Hours: 10am-4pm Mon-Sat



Membership Form

full name:

date of birth:

telephone:

address:

email:

Return this form and your cheque to:
SPCA Canterbury, P.O. Box 16880, Hornby,
Christchurch 8441 OR visit the Animal Centre,
Wilmers Road, Hornby .
Hours: 10am-4pm Mon-Sat



Membership Form

full name:

date of birth:

telephone:

address:

email:

Return this form and your cheque to:
SPCA Canterbury, P.O. Box 16880, Hornby,
Christchurch 8441 OR visit the Animal Centre,
Wilmers Road, Hornby .
Hours: 10am-4pm Mon-Sat