



Affiliation form

CLUB NO: _____ CLUB: _____

A APPLICANT'S DETAILS:

MFNZ No: _____ (If previous membership lapsed)

NAME: Mr, Mrs. Ms
(DELETE TWO) (First Name) (SURNAME)

ADDRESS: _____

POST CODE: _____
(THREE LINES MAXIMUM)

E-MAIL _____

PHONE _____ MOBILE _____

DATE OF BIRTH: _____ OCCUPATION _____
(REQUIREMENT OF INCORPORATED SOCIETIES) (REQUIREMENT OF INCORPORATED SOCIETIES)

B SUBSCRIPTION CATEGORY:

(Requires payment of FAMILY SUBSCRIPTION)

INDIVIDUAL
FAMILY (PAID)
TEMPORARY

(CHECK ONE ONLY)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

C FAMILY INCLUDED MEMBERS

(please include each person's full name)

Name _____ DoB _____ Occupation _____

Name _____ DoB _____ Occupation _____

Name _____ DoB _____ Occupation _____

Name _____ DoB _____ Occupation _____

Name _____ DoB _____ Occupation _____

D PERSONAL INFORMATION PRIVACY ACT 1993

In accordance with the Privacy Act 1993; I authorise the NZMAA to use such personal information as listed on the membership form for the purpose of planning and promoting NZMAA activities, communicating information to me concerning my membership responsibilities and/or listed interests, publishing competition results, mailing of the Association's Official Publications, providing general statistical information to approved organisations and any other lawful purpose relating to membership of the NZMAA.

Please check the box to confirm information is true and correct Dated _____