



Membership Form

Return via Club or direct to the ANZ Membership Secretary:

Ivan Powley, Archery NZ Inc, Membership Secretary, 45 Shandon Road, Vauxhall, Dunedin, 9013.

The following details will be held in the Archery New Zealand database. Please complete as fully as possible.

Personal Details:

Name: _____

Address: _____

Home Phone: _____ Fax: _____

Work Phone: _____ Mobile: _____

Email: (please print clearly) _____

Date of Birth: _____ Required for Veterans and Junior divisions)

Affiliation Details: (Two options, either through a club or individually with 2 ANZ affiliated referees)

Option1: Club Name: _____

Option 2: Referee 1. _____ Signature: _____

Referee 2: _____ Signature: _____

Archer Class and Divisions:

Male:		Female		Judge		Coach Level 1 2 3 4			
U10	U12	U14	U17	U20	Senior	Vet 50 - 64		Vet 65+	
Recurve		Compound		Crossbow		Barebow		Longbow	

Membership Fees: (Period 1 October 2009 to 30 September 2010)

Note: Only one fee per family required for Archer Subscription unless you want more copies.

Senior	\$70.00	\$ _____
Junior (U12 to U20)	\$35.00	\$ _____
Junior U10	\$ 7.50	\$ _____
Administrative	\$25.00	\$ _____
NZ Archer Subscription	\$25.00 for six issues	\$ _____
	Total Fee:	\$ _____
	Donation:	\$ _____
	Total remittance:	\$ _____

Payment method: (preferably not cash)

Cash:	Cheque: Archery New Zealand Inc.	Bank deposit: National Bank: 06 0911 0092882 000 Ref: Surname and Initial.
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Privacy Statement: (Signature required by all)

I consent to the collection of information related to my name, address, age (junior or veteran), club and type of equipment by Archery New Zealand Incorporated for the purpose of affiliation to Archery New Zealand Inc and subsequently to other national and international organisations and for the information to be disclosed to FITA, SPARC, IAU, New Zealand Olympic Committee and/or other approved bodies. I further consent to this information being used as appropriate with the news media for publicity purposes. I acknowledge my right to access and, if necessary, correct this information. This consent is given in accordance with the Privacy Act 1993.

Signed: _____ **Date:** _____