**Registration of Interest**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Role Applying for:** |  | | |
| **Contact Details:** |  | | |
|  |  | | |
| **Email:** |  | **Membership #** |  |
| **Phone:** |  | **Mobile:** |  |
| **Skills and Experience** | *Please provide a short overview explaining your experience and skills as they relate to this position, and why you would like to be considered for this role.* | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| (continue on separate sheet if necessary) | | | |
| Please complete this form and return to the Administration Manager  **administration@archerynz.co.nz** | | | |