**Registration of Interest Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position:** | Representatives Administrator | | |
| **Name** |  | | |
| **Contact Details** |  | | |
| **Email:** |  | | |
| **Phone:** |  | **Mobile:** |  |
| **Archery NZ Membership #** |  | **Archery Club:** |  |
| **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 National Secretary  [**secretary@archerynz.co.nz**](mailto:secretary@archerynz.co.nz) **by 1 August 2016** | | | |