



Affiliation form

CLUB NO:

CLUB:

A APPLICANT'S DETAILS:

MFNZ No: (IF PREVIOUS MEMBERSHIP LAPSED)

NAME:

(Title)

(First Name)

(SURNAME)

ADDRESS: (THREE LINES MAXIMUM)

POST CODE:

E-MAIL

PHONE

MOBILE

DATE OF BIRTH:

OCCUPATION

(REQUIREMENT OF INCORPORATED SOCIETIES)

(REQUIREMENT OF INCORPORATED SOCIETIES)

B SUBSCRIPTION CATEGORY: (CHECK ONE ONLY)

INDIVIDUAL

FAMILY (PAID)

(REQUIRES PAYMENT OF FAMILY SUBSCRIPTION)

TEMPORARY

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

WWW.MODELFLYINGNZ.ORG