



New Zealand Antique Arms Association

Auckland Branch (inc)

P.O. Box 10296, Dominion Road, Auckland

Application for Individual Membership

(Please contact us for current membership fees)

Surname _____

Firearms License No. _____

First Name _____

Categories (please circle) A B C D E

Preferred Name _____

Expiry Date _____

Address1 _____

Address2 _____

I wish to join because _____

Address3 _____

Address4 _____ Post code _____

Email _____

Ph (home) _____ (work) _____

(mobile) _____ DOB _____

Family Membership: (no additional cost)

I heard about the NZAAA from _____

Partner

First Name _____

Last Name _____

Privacy Declaration: (please circle one)

Junior

First Name _____

Last Name _____

I wish to be included in all mailing lists for auction catalogues and information relevant to NZAAA (Inc) activities

Yes No

Declaration: I have never been refused a firearms License nor been convicted of a firearms related offence. I certify that the above information is true and correct. I give my consent to Police vetting prior to final approval for membership.

Signed _____ Date _____

Proposers Report: I, _____ (Proposer's full name)

of _____, (full address) propose the above person for membership of the NZAAA (Inc). I have been a member of the association for more than two years and consider the applicant to be of good character and have known him/her for _____ years.

The above information is correct to the best of my knowledge _____ (Proposer's signature)

Branch Report: I have meet the applicant, sighted his/her Firearms Licence and consider that he/she should be recommended for membership _____ Branch _____ (Secretary's signature)

Office Use Only receipt Number _____ Membership Number Senior _____ Partner _____ Junior _____