



# 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 \_\_\_\_\_