



New Zealand Antique and Historical Arms Association

(Auckland Branch) Inc.

P.O. Box 10296, Dominion Road, Auckland

Email: info@antique-arms.co.nz

Application for Individual Membership

(Please contact us for current membership fees)

Surname _____ FAL No: _____ ver: _____
First Name _____ Expiry Date : _____
Preferred Name _____ Endorsements: A B C P () D F
Home Address: _____ If no license, why not? _____
_____ Membership number if transferring: _____
_____ Post code _____ My collecting interests are: _____
Postal Address (if different to home address): _____
_____ Post code _____
Email _____ I wish to join because: _____
Ph: _____ (work) _____
(mob) _____ DOB _____
Occupation : _____

Privacy Declaration: (please circle one)

I heard about the NZAAHA from: _____
_____ I wish to be included in all mailing lists for auction catalogues and information relevant to NZAAHA (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 of Auckland Branch _____ (Secretary's signature)

Office Use Only receipt Number : _____ Membership Number : _____