



# NEW ZEALAND ANTIQUE & HISTORICAL ARMS ASSOCIATION (Inc)

P O Box 4487, Cashel St, Christchurch 8140  
e-mail info@nzahaa.org.nz

## APPLICATION FOR INDIVIDUAL MEMBERSHIP

I hereby apply for *Senior*  *Spouse*  *Junior*  (Select one) membership of the NZAAA (Inc) at the next General Meeting.

Surname : \_\_\_\_\_ First Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Occupation: \_\_\_\_\_

Firearms License No: \_\_\_\_\_ Categories: (Circle) **A B C D E**

I wish to join because: \_\_\_\_\_

I am interested in: \_\_\_\_\_

\_\_\_\_\_

I learned about the NZAAA from: \_\_\_\_\_

### **OTHER MEMBERSHIPS:**

FAMILY: (First Name): \_\_\_\_\_ (Surname): \_\_\_\_\_

FAMILY: (First Name): \_\_\_\_\_ (Surname): \_\_\_\_\_

### **Privacy Declaration:**

- I wish to be included in all mailing lists for auction catalogues and information relevant to NZAAA(Inc) activities.  
 I **do not** wish to be included in any mailing lists that go to any other organisation.

**Declaration:** I have never been refused registration of a firearm or been convicted of a firearms related offence. I certify that the above information is correct. I give my consent to Police vetting prior to final approval for membership. I also understand that my membership will be provisional until confirmed at a General Meeting of the Association.

SIGNED:

DATE:

### **PROPOSERS REPORT:**

I \_\_\_\_\_ (proposers 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. I consider the applicant to be of good character and have known him/her for \_\_\_\_\_ years.

The above information is correct: \_\_\_\_\_ (SIGNED)

### **BRANCH REPORT:**

I have met the applicant, seen his/her Firearms Licence and consider that he/she should be recommended for membership.  
\_\_\_\_\_ Branch \_\_\_\_\_ (Signed) Secretary.

*Office use only:*

Receipt No: \_\_\_\_\_ Membership #: Senior: \_\_\_\_\_ Spouse: \_\_\_\_\_ Junior: \_\_\_\_\_

See reverse for fees structure

**SUBSCRIPTIONS:**

<b><u>NATIONAL ASSOCIATION</u></b>	<b><u>Full Year</u></b>	<b><u>½ Year (from 1<sup>st</sup> July</u></b>	<b><u>AMOUNT PAID</u></b>
<i>Senior Membership</i>	70.00	35.00	
<b>TOTAL</b>			
<i>Spouse and Junior Membership</i>	7.00	7.00	
<b>TOTAL</b>			
<b><u>TOTAL FOR NATIONAL ASSN MEMBERSHIP</u></b>			
<b><u>BRANCH MEMBERSHIP</u></b>			
<b>TOTAL</b>			
<b><u>TOTAL FOR BRANCH MEMBERSHIP</u></b>			
<b><u>TOTAL PAID FOR ALL FEES</u></b>			

**Family Membership: (No additional cost)**

Family Membership is a registration of the involvement of the ordinary member's family members. It carries no voting or mailing entitlements. It serves to demonstrate that the New Zealand Antique Arms Association is a truly family orientated organisation.

This completed form, together with the appropriate **National and Branch fees**, should be forwarded to:

The **Secretary, Wellington Branch NZA&HAA (Inc)**

**P O Box 14-029, Kilbirnie, Wellington**

This fee includes GST.

A full refund will be given to an unsuccessful applicant