



New Zealand Antique & Historical Arms Association (Wellington Branch) Incorporated

P O Box 14-029, Kilbirnie, Wellington, 6022

Membership Application Form

Name:			
Address:			
Telephone:		Fax:	
Email:			
Occupation:			

Collecting:

1.	What type of firearms or militaria do you collect?			
2.	What items does your collection consist of?			
3.	How long have you been collecting?			
4.	Do you belong to any other firearm orientated club" If so, state names			
	a)			
	b)			
	c)			
5.	Have you ever been convicted of any offence involving firearms or weapons			
	Yes / No			
6.	Firearms License:	Expiry Date:	Endorsements:	
			B	C
			D	E
7.	News Letter	Email	Post	Both
8.	Name of wife:			
9.	Signature of applicant:			Date:

Proposer:

9.	Name of proposer:		

Office Use only:

1.	\$70.00 National Assn Fee Paid	Cash	Cheque	Credit Card:	Expiry Date: _____
	\$25.00 Branch Fees Paid			Bank Deposit 12-3254-0101307-00	
2.	Date entered on database:				
3.	Branch Reference Number:				