

# New Zealand Angling and Casting Association (Inc)

# AFFILIATION FORM

Membership Year 1<sup>st</sup> June 2014 - 31<sup>st</sup> May 2015



Club Name:	Postal:
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President:	Email:
Cell:	Ph:

Secretary:	Email:
Cell:	Ph:

Treasurer:	Email:
Cell:	Ph:

Club Representative:	Email:
Cell:	Ph:

## DECLARATION

We, the above named Club agree to abide by the Rules and Regulations applicable to Affiliated Membership as set out in the Constitution of New Zealand Angling and Casting Association (Inc).

Signed:	Name:	Date:
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## PRIVACY STATEMENT

Personal information provided on this form will be treated as confidential by New Zealand Angling and Casting Association Inc. and handled in accordance with the NZ Privacy Act 1993. Statistical data will be obtained from applications to use for association planning, fundraising and grant accountability reports.

## Payment Instructions for Registration Types:

Family \$20	Senior \$10	Junior \$5	Total
Qty:	Qty:	Qty:	\$
\$	\$	\$	

NZACA Bank #  
02-0100-  
0105950-000

Please return Affiliation Forms To:  
Association Executive Officer



PO Box 12042  
Rotorua 3045

Email:  
secretary@nzaca.co.nz

# NZACA Membership Data Form

Please enter First and Last Names / Tick Gender/ Date of Birth / Tick (F) Family (S) Senior (J) Junior / Email Address.

Name:	Gender:	DOB:	Type:	Email:
<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> J	<input type="text"/>
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