

# MEMBERSHIP APPLICATION

Complete, sign and return to a Club Representative for processing.  
 Completing this form does not guarantee membership.

By signing this form I declare that;

1. The details I have provided are complete and accurate to the best of my knowledge and I understand that providing false or misleading information on this application may result in the termination of my membership.
2. I give my permission for my details to remain on file with the club for the duration of my membership.
3. I give my permission for my details to be forwarded to the local Police Arms Officer for evaluation if necessary.
4. I agree to abide by the rules of the Club and the directions of their event organisers.
5. I understand that membership status and discounts will not apply until my subscription fee has been paid in full.
7. My membership may be revoked at any time at the discretion of the Club organisers.
8. I will abide by the Laws of the New Zealand Fire Arms Code regarding my transportation and conduct with airsoft weapons.

CLUB DETAILS

DATE \_\_\_\_\_

APPLICATION/MEMBER No. \_\_\_\_\_

ADMINISTRATOR NAME \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ NICKNAME \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ MALE / FEMALE Please Circle One

HOME ADDRESS \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

ALTERNATIVE PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON 1 \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT PERSON 2 \_\_\_\_\_ RELATIONSHIP TO APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF G.P. \_\_\_\_\_ G.P. PHONE \_\_\_\_\_

Details of any known allergies, medical conditions or medication being taken.

Any other special needs and information that Tauranga Airsoft Club Incorporated should be made aware of

OFFICE USE (USE AS REQUIRED)			Probation START Date:	Probation END Date:
REQUIREMENTS MET	<input type="checkbox"/> Passed basic gun safety test	<input type="checkbox"/> Passed Police background check	<input type="checkbox"/> Has firearms license	
	<input type="checkbox"/> Has required safety gear (goggles/mask)	<input type="checkbox"/> Has conducted themselves well	<input type="checkbox"/> Membership subs paid in full	
CLUB REP 1:	APPROVAL FOR MEMBERSHIP	YES   NO	SIGNATURE	Date:
CLUB REP 2:	APPROVAL FOR MEMBERSHIP	YES   NO	SIGNATURE	Date: