



WNZ CLUB AFFILIATION APPLICATION

PROPOSED CLUB NAME	
CLUB ADDRESS; Number & street, Suburb, City	
Club Administrator (For WNZ contact) Name;	
e-mail address	
Contact phone	
Website address (if available)	
Facebook (if available)	
Signature	
Date	

CLUB CONTACT; If the named club contact is **NOT** a currently registered WNZ member, please complete details below;

I wish to apply to become a non-financial Volunteer member of WNZ. I agree to abide by the Constitution, by-laws, and policies of WNZ. (Copies of the rules / Constitution available on request).

Name	
Date of Birth	
Gender	F M
Signed	
Date	

Please complete and send to info@weightlifting.nz. You will be notified as soon as the application has been approved.