

THE AIR TRAINING CORPS ASSOCIATION OF NEW ZEALAND INC.

PO BOX 6198
Marion Square
Wellington 6141

APPLICATION FOR MEMBERSHIP

Personal Details

First names: Surname:

Contact Details

Address – Number: Street:

Suburb:

City: Post Code:

Telephone: Mobile:

Email: Alternate Email:

Certification

I apply for Membership of The Air Training Corps Association of New Zealand. I understand that as a Member of the Association I will be required to comply with the Association's Constitution and Rules.

Signature Date.....

Personal Information

Personal information relating to Members of the Association will be protected from disclosure except as required by law.