

Office Use Only: Fee Paid:

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2025 TSNZ MEMBERSHIP FORM

Email your completed form to office@tsnz.nz

TAX INVOICE GST No 11-671-118

or nand your	completed form to your Club Secretary	
TSNZ No OR 2025 is my FIR	RST YEAR as TSNZ MEMBER - YES / NO	(Circle one)
SURNAME		one) [TSNZ Rule 1.23]
	MALE / FEMALE (Circle one) [TSNZ Rule 1.23] Preferred Name	
ADDRESS		Mobile
Postcod		Exp Date:
DATE OF BIRTH / /	. Have you ever had a Firearms License rev	voked or declined? YES / NO (Circle one)
INDOOR CLUB	Average from 2024 TSNZ Ir	ndoor GRADE for 2025 M / A / B / C / D
OUTDOOR CLUB		
ASSOCIATION		
Choose one: TSNZ Membersh	ip Types and Fees	
JUNIOR Member An athlete w SUPER Member An athlete w FAMILY Member An athlete re RESTRICTED Member An athlete w SOCIAL Member A non-shoote	ther in the first year they affiliate to TSNZ tho will be under the age of 21 on December the is aged 65 years or over on 1st January 2 elated to and residing in same residence as a tho shoots up to 6 times per calendar year wer	r 31 2025
	For Month on Courtle	
INDOOR 2025 North vs South - I wish to nominate for	For North vs South: Junior Team shooters remain as	OUTDOOR / AIR
NORTH ISLAND SOUTH ISLAND	Juniors until the 31st of	I wish to be included on the
	December of the year in which they become 21 years of age.	NZSF Ranking List(s) for International selection for:
Open Team	Veteran Team shooters are 60	
Women's Team Men's Team	years or over at the time of the competition.	50m Prone
Junior Team	· ·	
☐ Veteran Team	Team Managers will be appointed following Team selection so that	☐ Air Rifle
Team Manager	wherever possible they can be non- shooters at the North / South event.	I understand that to be eligible for
	Shoters at the North / South event.	selection for International matches I should comply with the
TSNZ Membership Form and Island Nomina Office by 30 th April 2025 AND fees paid by 3 Nomination to be valid. Members may ONLY correlates to their usual place of residence on	nominate for the Island Teams that	equipment and clothing standards for those matches.
Language I hereby give my consent for the above information to be re	· · · ·	duced for nurnoces as specified within the
Thereby give my consent for the above information to be re TSNZ Constitution and Rules of Conduct. I give consent for		
Signature of Member:	Date:	/ /
PAY TO: ANZ A/c No: 01-0190-0	1201283-00 Date	Paid / /
	201200 00	

Form Received: