

Office Use Only:

Fee Paid:

## **Target Shooting New Zealand Inc**

PO Box 2005, Gonville, Whanganui 4543 Mob: 022 313 0609 Email: office@tsnz.nz

Email: office@tsnz.nz Website: www.tsnz.nz

## **2024 TSNZ MEMBERSHIP FORM**

Email your completed form to office@tsnz.nz or hand your completed form to your Club Secretary

TAX INVOICE GST No 11-671-118

	or hand y	our completed form to you	ur Club Sec	retary	
TSNZ No	2024 is my <b>FIRST Y</b>	<b>'EAR</b> as TSNZ MEMBER -	YES	NO	
SURNAME		MALE	FEMALE	[For competiion purp	poses - TSNZ Rule 1.23]
FIRST NAME		Preferred	Name		
ADDRESS		Phone		Mobile	
		Email			
	Postcode	Firearms	Licence:		Exp Date:
DATE OF BIRTH .	/ Have	e you ever had a Firearms L	icence revol	ked or declined? YE	ES / NO
INDOOR CLUB		Average from 2023	TSNZ I	ndoor GRADE for 20	24 M / A / B / C / D
OUTDOOR CLUB		. Average from 2023-24	TSNZ O	utdoor GRADE for 20	)24-25 A / B / C / D
ASSOCIATION		AIR RIFLE CLUB			
Choose one:	TSNZ Membership	Types and Fees			
JUNIOR Member					
	INDOOR	For North vs Sou	ıth:	OUT	DOOR / AIR
2024 North vs S	outh - I wish to nominate for	Junior Team shooters the age of 21 on Decem	are under		-
□ NORTH ISL	AND SOUTH ISLAND	the year of the comp			be included on the anking List(s) for
	Open Team	Veteran Team shoote			onal selection for:
	Women's Team	years or over on the day competition.	or or the		50m Prone
	Men's Team Junior Team	Team Managers will be			3P Air Rifle
l	☐ Veteran Team	following Team selection wherever possible the			
[	Team Manager	non-shooters at the Nor event.	th / South	selection for	d that to be eligible for International matches
TSNZ Members	ship Form and Island Nomina	tion must be received by	the TSNZ		d comply with the and clothing standards
Office by <b>30</b> <sup>th</sup> <b>April 2024</b> AND <b>Fees paid by 31</b> <sup>st</sup> <b>May 2024</b> for North / South Nomination to be valid. Members may ONLY nominate for the Island Teams that					
	pe valid. Members may ONLY leir usual place of residence on				
I hereby give my conse	nt for the above information to be reta	ined in confidential database file	es by TSNZ ar		
TSNZ Constitution and Rules of Conduct. I give consent for photographs/videos of myself to be used by TSNZ on their website and for publicity purposes.					
Signature of Memb	er:	D	ate:	. / /	
PAY TO:	ANZ A/c No: 01-0190-02	01283-00 D	ate Paid	//	
USE:	Particulars = (Your Name	e) Code = Membersh	ip Refer	ence = (Memb	ership TYPE)

Form Received: