

AMCTC Membership Form for 2020 (Jan/Dec)

Akl Met Club, PO Box 536 Pukekohe, www.amctc.co.nz, secretary@amctc.co.nz

Options	AMCTC Membership Fee	NZCTA Fee	Notes See below	Total
Full Member	40.00	90.00	1	\$
Family Member	25.00	60.00	2	\$
Junior Member	20.00	35.00	3	\$
Social shooter	40.00	40.00	4	\$
Social Akl Met	30.00	zero	5	\$
Non-registered Member	40.00	NZCTA registered with another club	6	\$

Notes:

- 1) Full competitor registration. Able to shoot NZCTA events. Affiliated through AMCTC
- 2) Must live at same address, 1 member to be a Full Member. Able to shoot NZCTA events
- 3) Under 18yrs on Jan 1 of the year of registration. Must be under 18 on day of NZCTA shoot.
- 4) Competition at AMCTC only. A \$10-day fee applies to shoot NZCTA event
- 5) An AMCTC member only and has no shooting or AMCTC voting rights
- 6) An AMCTC member (and NZCTA with another club), can shoot club champs and other AMCTC events

Existing NZCTA registered shooters:

NZCTA number _____ Name of NZCTA Registered Club: _____

Mr / Mrs / Miss / Ms (Circle which applies)

Surname: _____ Given Names: _____

Address: _____

Home/Mobile: _____ E-mail address: _____

Date of birth: (compulsory for Juniors and Veterans): _____

Next of Kin, name/contact number: _____

Firearms license no: _____ Expiry date: _____

Member Signature: _____ **Date:** _____

Signing confirms the member will abide by all AMCTC constitution and rules and anytime representing AMCTC. The membership is to be accepted by the AMCTC Committee; you will be contacted to confirm.

If registering with the AMCTC for the first time a Committee member to sign:

_____ **AMCTC Committee Member name:** _____ **Signature** _____ **Date:** _____

The NZCTA requests information usually about a shooter from Club Secretary to contact a shooter. Where the Secretary believes that providing this information is appropriate and in the interest of the sport the information is given out. Please signify that you agree to the information being held by the club being disclosed. This information is never given to commercial interests.

AMCTC to Complete

Method of payment (please circle which applies): **Cash / Cheque / Eftpos**

Date payment made: _____

Bank account number for D/C banking upon request at office.