

NETBALL NEW ZEALAND Application for Associate Membership

Before completing this form, applicant organisations should ensure they read the Associate Member Policy and relevant NNZ Regulations available from the Netball New Zealand office and from its web site www.mynetball.co.nz.

Section 1: Details of Applicant Organisation		
Full Title of Applicant Organisation		
Organisation Contact Details		
Postal Address of Organisation [please include postal code]		
Tick if included	Item Re	equired
	Letter of Application	
	Annual Report	
	Financial Statement	
	Constitution	
	Incorporated Society Certificate	
Section 2: De	etails of Office Bearers/Autho	orised Personnel
Contact Person		
Names of other Office Bearers/Authorised Personnel supporting application	Name	Title
Signature/Authorisation	I	Date