## Waikato Airgun Club **Application for membership**

First name:		Middle name:
Surname:		
Firearms licence no. (men	nbers aged 16-18	3 years):
Family members (please l	ist)	
Name:		Date of birth:
		Postal code:
Telephone no:		Mobile no:
E-mail address:		
Membership fees (tick a	pplicable box):	
□ Adult (18 years and older):		\$50.00
□ Junior (younger than 18 years):		\$20.00
$\Box$ Family: (1 adult + 2 juniors, or 2 adults)		s) \$75.00
Payment method:	Cash □	Bank Deposit (use name as reference) $\Box$
Bank account details:	Westpac Waikato Air Gun Club Association 03-1556-0424639-000	
Range fees:		
A range fee of \$10.00 per	member per day	(including members of affiliated clubs) will apply. (for non-members) will apply. ee; thereafter the non-member will have to apply for

By signing this form you agree that you have read and understood, and will comply to the WAGC constitution and rules.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

membership.