

Application for Affiliation By a Club

Name of Club (in full)	
Incorporated Society	Yes / No
Incorporated Society Number (if applicable)	
President	
Secretary	
Treasurer	
Contact Name	
Contact Address	
Phone	
Email for FeNZ correspondence	
Web site name	
Club Location/s	
Operating Times	
Current membership numbers	
Brief description of club for FeNZ website (Max 50 words)	

By signing this form, you agree on behalf of the Club that the Club and its members will abide by the rules and regulations of Fencing New Zealand Incorporated and the Fencing New Zealand Code of Conduct.

Signed	_____
Name	_____
Position	_____
Date	_____