

Office Use Only:

Fee Paid:

<u>Target Shooting New Zealand Inc</u> PO Box 2005, Gonville, Whanganui 4543

PO Box 2005, Gonville, Whanganui 4543
Mob: 022 313 0609

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

2024 TSNZ MEMBERSHIP FORM

Email your completed form to targetshootingnz@xtra.co.nz or hand your completed form to your Club Secretary

TAX INVOICE GST No 11-671-118

or mana your or	mplotod form to your olds occionally	
TSNZ No or 2024 is my FIRS	T YEAR as TSNZ MEMBER - YES / NO	(Circle one)
SURNAME		one, for competition purposes -TSNZ Rule 1.23]
FIRST NAME	•	nie, ioi competition purposes -13NZ ixule 1.23]
		Mobile
Postcode		Exp Date:
DATE OF BIRTH / /	Have you ever had a Firearms Licence revo	oked or declined? YES / NO (Circle one)
INDOOR CLUB. OUTDOOR CLUB. ASSOCIATION	Average from 2023-24 TSNZ Ou	tdoor GRADE for 2024-25 A / B / C / D
TSNZ Membership FULL Member	doesn't qualify for any of the other categori r in the first year they affiliate to TSNZ d under 21 years on December 31 st in the c is aged 65 years or over on 1 st January in t ted to and residing in same residence as a shoots up to 6 times per calendar year with	
TUDOOD	Fan Nardh ar Oardh	
INDOOR 2024 North vs South - I wish to nominate for NORTH ISLAND SOUTH ISLAND	For North vs South: Junior Team shooters are under the age of 21 on December 31st in the year of the competition.	I wish to be included on the NZSF Ranking List(s) for
Open Team Women's Team Men's Team Junior Team Veteran Team Team Manager	Veteran Team shooters are 60 years or over on the day of the competition. Team Managers will be appointed following Team selection so that wherever possible they can be non-shooters at the North / South event.	International selection for: 50m Prone 3P Air Rifle I understand that to be eligible for selection for International matches I should comply with the
TSNZ Membership Form and Island Nomina Office by 30 th April 2024 AND fees paid by Nomination to be valid. Members may ONLY correlate to their usual place of residence on	7 31st May 2024 for North / South nominate for the Island Teams that	equipment and clothing standards for those matches.
I hereby give my consent for the above information to be reta TSNZ Constitution and Rules of Conduct. I give consent for ph	nined in confidential database files by TSNZ and a notographs/videos of myself to be used by TSNZ	on their website and for publicity purposes.
Signature of Member:		
PAY TO: ANZ A/c No: 01-0190-0201283-00 Date Paid//		
USE: Particulars = (Your Name	e) Code = Membership Referen	ice = (Membership TYPE)`

Form Received: