

New Zealand Skydiving Association Inc.

Permanent / Temporary Membership Form

Permanent	<input type="checkbox"/>	Temporary (3 months)	<input type="checkbox"/>	NZSA ID #	
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2010

Name		Gender	M / F
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Postal Address			
Suburb		Post Code	
City		Country	
Nationality			
Occupation		DOB	

Phone		Email	
Work		Mobile	

Existing Certificates & Ratings Held (Circle)

Issued By	NZSA NZPF NZPIA APF USPA BPA PARANZ Other (specify):		
Certificate	A B C D		
Cert #			
Ratings Held	J/M (AFF)	J/M (S/L)	J/M (Tandem)
	Instructor	PT # _____	Drop Pilot
Appointments	DZSO Tutor CI CSO Examiner: Categories _____		

Next of Kin Details

Name	
Relationship	

Physical Address			
Suburb		Post Code	
City		Country	
Phone		Mobile	

Payment details:

Personal or Bank Cheque made payable to "NZSA"

Internet Transfer: (Kiwibank - 38-9006-0163522-00)

Pay using secure credit card online: <http://www.nzsa.org/zc>

Amounts payable: (current @ 01 Jan 2010)

Annual NZSA Membership Fee (January-June) \$35.00

Annual NZSA Membership Fee (July-December) \$17.50

Temporary NZSA Membership Fee (3 months) \$10.00

Membership runs from Jan to Dec each calendar year.

Declaration:

- I hereby declare all details on this application are true and correct.
- I understand that in order to exercise the privileges of any Parachutist Certificate or Rating in New Zealand I must abide by the Standards & Procedures of the New Zealand Skydiving Association Inc. and I **must** remain a current member.
- I understand that most correspondence is via email and, if I have entered an email address, I consent to receiving emailed information by or on behalf of NZSA.

Signed _____ Date _____

Note: Ratings and Certificates are not automatically crossed-over unless pre-requisites have been met for issue. Please contact us for details.

Post To:

The CEO
NZSA
90 Ruebe Rd
RD2
Pukekohe East
Auckland 2677

For Office Use:

NZSA ID # [] Date Approved [/ /]

New Zealand Skydiving Association Inc.

Phone: +64-9-238-0715, email ceo@nzsa.org