



WFF NZ MEMBERSHIP FORM

Please complete the following details and return the form to email wffnewzealand@gmail.com

FULL NAME: _____ DOB: _____

ADDRESS: _____

MOBILE NUMBER: _____ EMAIL: _____

GENDER: _____ FIRST TIMER/EXISTING: _____

FEDERATION #: _____

after your first competition you will be nominated a member number, if you cant remember your number then contact the Federation Secretary. Do not stress if you cant find it as we will find it.

Please organise your payment of **\$80.00** which is your Annual Yearly Membership to the federation. Direct debit your payment to account: **WFF AUCKLAND : 06-0197-0326185-00** and reference your name. This payment must be made before the day of your competition that you are competing in. You can also fill an online form on our website.

SIGNATURE: DATE: / /

I, the above, declare that the information supplied is true and correct and that I accept the judge's decision as final. I also agree that all photographs and images of me can be utilised for publication and promotion