



NZJJF
 36 Fleet Street
 Solway, Masterton, 5810
registrar@nzjif.org.nz

INDIVIDUAL MEMBERSHIP FORM

NAME:			
DATE OF BIRTH:		GENDER:	Male / Female
NATIONALITY	NZ European / Maori / Other:.....		
ADDRESS:			
HOME PHONE:		MOBILE:	
E-MAIL:			
MARTIAL ARTS STYLE			
CLUB NAME & INSTRUCTOR			

I agree to the collecting and storing of the personal information supplied. I understand that the information can be accessed by club, area association, and by authorised officials when required for Ju Jitsu purposes only (including for funding / sponsorship applications.)

I acknowledge that by registering as a member I am expected to comply with the NZJJF code of ethics (see www.nzjif.org.nz) and my agreement to abide by them on signing this form.

.....
 Member

...../...../.....
 Date

Joining fee is FREE

Form can completed and returned via e-mail to registrar@nzjif.org.nz.

or returned by post to:

New Zealand Jiu Jitsu Federation
36 Fleet Street, Solway, Masterton 5810