New Zealand Darts Council Inc

Form NZDC 2

PO Box 75-426
Manurewa
Manukau 2243

ASSOCIATION MEMBER REGISTRATIONS

Date sent:_____ Date Received: _____

ASSOCIATION: _____ **SEASON:**_____

Please List Last by Names in Alphabetical Order (A-Z) or by Mem No

Mem No	Last Name	First Name	Gender M / F	Registration Fee Paid
			Total	$ -

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Association Copy - Please retain for your Records