



NEW ZEALAND DARTS COUNCIL
P O Box 50-763
Porirua 5240

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***APPLICATION TO AFFILIATE TO
NEW ZEALAND DARTS COUNCIL INC.***

ASSOCIATION NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: _____ **CELLPHONE:** _____

EMAIL ADDRESS: _____

How long has your Club been operating: _____

How many active participating members in your Club: _____

Reason for wanting to affiliate:

Committee: President: _____

Address: _____

Telephone: _____ Cellphone: _____

Email: _____

Secretary: _____

Address: _____

Telephone: _____ Cellphone: _____

Email: _____

Treasurer: _____

Address: _____

Telephone: _____ Cellphone: _____

Email: _____

180 Badge Controller: _____

Address: _____

Telephone: _____ Cellphone: _____

Email: _____

Committee Members: _____

Email Address(s) for Notices (please supply up to 3 email addresses for notifications from NZ Darts Council) Note: this information will not be published – this is for NZ Darts Council use only:

1. _____

2. _____

3. _____

Our Association: _____ Does/Does Not have an email address
(cross out what does not apply)

WEBPAGE Information:

Please note that this information will be published on our Website:

Playing Venue: _____
(address)

_____ (contact telephone) (Email)

Contact Person: _____

Playing Night: _____

Type of Competition: _____

Other Information relevant to your Association: _____

Declaration

We have read the requirements of an Association or Club when joining the New Zealand Darts Council Incorporated. We will comply with the requirements including a commitment to register all our members.

Signed: President: _____

Print Name: _____

Secretary: _____

Print Name: _____