



## OWNZ CLUB AFFILIATION APPLICATION

<b>PROPOSED CLUB NAME</b>	
<b>CLUB ADDRESS;</b> Number & street, Suburb, City	
<b>Club Administrator</b> (For OWNZ contact ) Name;	
<b>e-mail address</b>	
<b>Contact phone</b>	
Website address (if available)	
Facebook (if available)	
<b>Signature</b>	
<b>Date</b>	

**CLUB CONTACT;** If the named club contact is **NOT** a currently registered OWNZ member, please complete details below;

*I wish to apply to become a non-financial Volunteer member of OWNZ. I agree to abide by the Constitution, by-laws, and policies of OWNZ. (Copies of the rules / Constitution available on request).*

<b>Name</b>	
<b>Date of Birth</b>	
<b>Gender</b>	<b>F</b> <b>M</b>
<b>Signed</b>	
<b>Date</b>	

Please complete and send to [info@olympicweightlifting.nz](mailto:info@olympicweightlifting.nz). You will be notified as soon as the application has been approved.