

# Application FOR AFFILIATION

CANOE RACING NEW ZEALAND INC

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| Applicant Information | | | |
| Name of Club: | | | |
| Club Committee/Management Team Positions: | | | |
| Name | | Position | |
| Name | | Position | |
| Name | | Position | |
| Name | | Position | |
| Name | | Position | |
| Name | | Position | |
| Name | | Position | |
| Physical Address of Club: | | | |
| Town: | City: | | Post Code: |
| Postal Address of Club (if different): | | | |
| Town: | City: | | Post Code: |
| Website Address: | | | |
| Club Email address: | | | |
| Primary contact person: | | | |
| Email address: | | | |
| Contact Phone number(s): | | | |
| fees | | | |
| Standard club affiliation: $100 per annum + GST (to be invoiced annually) | | | |
| DOCUMENTATION TO BE ATTACHED | | | |
| Copy of Certificate of Incorporation and list of members | | | |
| Club Constitution that aligns with CRNZ constitution | | | |
| Signed Declaration of Financial Solvency | | | |
| Signatures | | | |
| I confirm that the above information is correct and the club wishes to apply for affiliation to Canoe Racing New Zealand Inc. We agree to pay the affiliation fees shown upon receipt of invoice. | | | |
| Signature of Chair/President: | | | Date: |
| Signature of Secretary: | | | Date: |