



2016 New Club Affiliation Form

Please make sure you are familiar with the OWNZ member and volunteer requirements of being an OWNZ affiliated club stated in our by-laws.

Club Details	
Club Name:	
Name of facility club is located in (if different to above):	
Address: <i>Please provide number, street, suburb, city and postcode</i>	
Type of Club <i>For example, private business or not for profit Please provide registration number if you are an incorporated society</i>	
Approximate number of club members that must be willing to register with OWNZ:	
Approximate number of potential OWNZ officials/volunteers:	

Club Representatives Details	
Name:	
Email:	
Phone Number:	

Declaration	
As a club representative you have read and accept the objects of Olympic Weightlifting New Zealand as stated on the OWNZ Constitution item 5a.	
Club Representatives Signature:	
Date:	

Please send completed form to info@olympicweightlifting.nz