

MILITARY REENACTMENT SOCIETY OF NEW ZEALAND



MEMBERSHIP APPLICATION AND REGISTRATION FORM

Surname: _____

First Name(s): _____

Address: _____

Unit: _____

Telephone: Home: _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Firearms Licence: (Y/N) _____

Signature: _____ Date: _____

Subs, \$25.00 junior (to age 18) \$45.00 single, \$65.00 Family.