

NZJSBA Membership Application

Please Print Clearly



Name _____ Date of Birth _____

Address _____

City _____ Email _____

Telephone _____ Home Club/Assn _____

Membership Type PWC Make/Models(s) _____

Council PWC Reg No. _____

(tick one)

☐ Individual or 1st Family Member \$150 ☐ Additional Family Member \$100 ☐ Winter \$80

Choice of Preferred
Race Number

Competition membership required to compete in NZ Jet Sport Nationals. Minimum age 15.

1. _____

2. _____

Beginning 1st November _____, expires 31st October _____,

3. _____

Payment

☐ Cash ☐ Cheque enclosed payable to NZJSBA

Signature

Date

Applications are only to be filled out at a NZJSBA event. (Do not post)

NZJSBA Affiliated Clubs are listed on www.nzjetsport.org.nz

Statement

Under the Privacy Act 1993, we are required to inform you that we will hold your membership information on file in good faith. However, we do at times have requests from businesses etc for access to our membership list for promotional advertising, discounts etc. If you DO or DO NOT wish to have your details accessed by any businesses and/or persons, please indicate.

☐ DO

☐ DO NOT

By joining the New Zealand Jet Sports Association, I agree to abide by all the rules, regulations and laws laid down by the NZJSBA. (Parent or Guardian to sign if applicant is under 18 years).

Signature _____ Date _____

ID Provided DL PP BC

NZJSBA Signature _____