

NEW ZEALAND FARRIERS ASSOCIATION INC

APPLICATION FOR FARRIER MEMBERSHIP

FULL NAME:			
ADDRESS:			
Phone:		Email:	
LOCATION OF BUSINES	S:		
APPRENTICESHIP SERVED WITH:			
NUMBER OF YEARS SHO	DEING:		
OTHER QUALIFICATION:	S:		
and certify the above infor	mation is true and	f the Association, notify any change of address correct. re information supplied according to the Privacy	
Signed		Date	
Send this form to the national secretary:		Rachel Leece Email: nzfarriersassociation@gmail.com	
confirmation of your members	h for acceptance b e committee for find n writing by the Na pership status	y their meeting and	
For office use only			
Branch application approved	}		
Membership status	}		
Application declined	}		
Executive Committee		Date	



NEW ZEALAND FARRIERS ASSOCIATION (INC.)

To be completed by Member/cadet

COMPLIANCE TO PRIVACY ACT 1993 REQUIREMENTS

I acknowledge that personal information concerning myself and my business provided to the New Zealand Farriers Association whether contained in this form or otherwise is provided and may be held, used and disclosed by the NZ Farriers Association:

- 1. To enable the NZ Farriers Association to administer and maintain my membership and to enable the NZ Farriers Association to provide me all of its membership services.
- 2. To enable the NZ Farriers Association to provide me or have provided to me advice and information concerning the products and services that the NZ Farriers Association believes may be of interest or benefit to me.
- 3. To enable the NZ Farriers Association to communicate with me for any purpose.
- 4. The personal information provided in this application is collected by and will be held by the NZ Farriers Association.
- 5. If I fail to provide any information requested in this application the NZ Farriers Association may be unable to provide membership services to me.
- 6. I have the right under the Privacy Act 1993 to obtain access to and to request correction of any personal information held by the NZ Farriers Association concerning me.

Member/Cadet Signature	
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Date	

Please return this form to: National Secretary – Rachel Leece nzfarriersassociation@gmail.com