



# ASSOCIATE REGISTRATION FORM

ASSOCIATION: .....

	TITLE	NAME	ADDRESS	POST CODE	R M	N M	SIGNATURE
	Chief Marshall						
	Chief Recorder						
	Trainee Judge						
	Trainee Judge						
	Trainee Judge						

Association Membership/Privacy Officer: ..... Date .....



	EMAIL ADDRESS	ETHNICITY NZ European Maori/Asian/Pacifica Other .. please specify
Chief Marshall		
Chief Recorder		
Trainee Judge		
Trainee Judge		
Trainee Judge		