



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		