



Adaptive Snow Sports New Zealand 2009 Active Membership Form



Personal Information

Name	Gender
Iwi Affiliation	Date of Birth
Postal Address <small>Please include your new POSTCODE</small>	Occupation
	Home Phone
	Cell Phone
Email	

We would love to keep in touch with you and let you know about what we're doing this year. Please indicate the best way of sending information to you. Via email (keeps our costs down) Via post

Next of kin / guardian	Phone
Doctor	Phone
Diagnosis & description of permanent disability	<i>New members - please include a certificate or letter from your medical practitioner or branch confirming your disability.</i>

On-Snow Information

Local ski area	Adaptive equipment & needs <small>tick all applicable</small> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> 4-track - skis with outriggers <input type="checkbox"/> 3-track - single ski with outriggers <input type="checkbox"/> ski-links - keep tips of skis together <input type="checkbox"/> *Mono-ski - sit-ski with one ski <input type="checkbox"/> *Bi-ski - sit-ski with two skis <input type="checkbox"/> Guide - for visual impairments <input type="checkbox"/> Snowboard - with outriggers <input type="checkbox"/> *Cross Country Sit-ski
Discipline / experience <small>tick all applicable</small> <ul style="list-style-type: none"> <input type="checkbox"/> Skier <input type="checkbox"/> Boarder <input type="checkbox"/> Cross Country <input type="checkbox"/> First Timer <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced 	
Number of helpers required <small>Helper concessions are only available to people who genuinely require additional assistance on-snow for the safety of themselves and others.</small>	Weight <small>*If you use a sit-ski or require lifting please provide your weight in kg.</small>

Adaptive SSNZ Membership Information

please remember to include your photo

Membership type <ul style="list-style-type: none"> <input type="radio"/> Renewal <input type="radio"/> New member <input type="checkbox"/> Disabled Snow Sports Branch <ul style="list-style-type: none"> <input type="radio"/> Auckland - incl Snowplanet \$40 <input type="radio"/> Bay of Plenty - \$30 <input type="radio"/> Canterbury - skier \$60/family \$80 <input type="radio"/> Manawatu - \$20 <input type="radio"/> Otago - \$30 <input type="radio"/> Wairarapa - \$30 <input type="radio"/> Wellington - individual \$25/family \$35 <input type="checkbox"/> Individual \$40 <input type="checkbox"/> International/Overseas - \$60 <input type="checkbox"/> Group _____ \$25 <small>Please specify (for group trips - must be member of affiliated group i.e. Special Olympics, RNZFB, Para Fed, DANZ, Back Up NZ)- no branch support offered.</small> <p><small>Adaptive Snow Sports membership is open to all NZ's and invited international guests with a functional impairment. For new members proof of your impairment is required. We encourage you to support the Disabled Snow Sports NZ branches. The level of activities offered by each branch vary.</small></p>	Amount Due <small>Donations are voluntary but very welcome. Donations are used to support and expand our programmes around NZ, DSNZ branches or to the Disabled Snowsports NZ trust.</small> <table border="0"> <tr> <td>Membership Fee</td> <td>\$</td> </tr> <tr> <td>Donation to Adaptive Snow Sports to support Adaptive Programmes</td> <td>\$</td> </tr> <tr> <td>Donation to DSNZ Branch</td> <td>\$</td> </tr> <tr> <td>Donation to DSNZ Trust Fund</td> <td>\$</td> </tr> <tr> <td>Donation to Specific Adaptive Programme _____</td> <td>\$</td> </tr> <tr> <td>Total Amount</td> <td>\$</td> </tr> </table>	Membership Fee	\$	Donation to Adaptive Snow Sports to support Adaptive Programmes	\$	Donation to DSNZ Branch	\$	Donation to DSNZ Trust Fund	\$	Donation to Specific Adaptive Programme _____	\$	Total Amount	\$
	Membership Fee	\$											
Donation to Adaptive Snow Sports to support Adaptive Programmes	\$												
Donation to DSNZ Branch	\$												
Donation to DSNZ Trust Fund	\$												
Donation to Specific Adaptive Programme _____	\$												
Total Amount	\$												
	Payment Method <ul style="list-style-type: none"> <input type="checkbox"/> On line - www.snowsports.co.nz <input type="checkbox"/> Cheque or money order <input type="checkbox"/> Electronic banking <input type="checkbox"/> Please send me a receipt 												

Cheques should be made payable Snow Sports New Zealand Electronic payment can be made Snow Sports New Zealand, BNZ, 02-0560 0256960 00, include your name, Adaptive & branch as a reference. Please post this form to SSNZ, PO Box 395, Wanaka 9343 or your local branch. Remember to include your payment, a passport photo and proof of disability for new members. or e-mail image to admin@snowsports.co.nz

Confirmation

Snow Sports New Zealand (SSNZ) is hereby permitted to enter the above information into a computer database for the purpose of membership benefits and statistics and to assist programme coordinators. I understand that SSNZ its staff, officers, branches and members will exercise all due care but will not be liable for injury or damage which I or my son/daughter/charge may sustain to person or property.

Signed	Date
--------	------

To be signed by Parent or Guardian if under 18 (Eighteen) years of age