



Adaptive Snow Sports New Zealand 2010 Active Membership Form

Remember: Photo
Up Date Information
Sign Form Return

Personal Details Member Number: _____

Name _____ Home Phone _____
Gender _____ Mobile Phone _____
Birthdate _____ Email Address _____

Street Address _____ Postal Address _____
please add your new postcode *Tick if same as street address*

Would you like us to communicate with you via post, email (keeps our costs down) or bot

Member Since _____ Iwi Affiliation _____
Next of Kin _____ Phone Number _____
Doctor's Name _____ Phone Number _____

Details of your disability

New Members: please include a certificate or letter from your medical practitioner or branch confirming your disability.

Number on-snow helpers you require

Helper concessions are only available to people who genuinely require additional assistance on-snow for their own and others safety.

Discipline Adaptive Equipment Required *Your current weight is required if you sit ski or need lifting*
 Ski Experience _____
 Board Local Mountain _____
 Nordic Weight (kg) _____

Membership Details Payment Details

Membership Type Renewal New Member

Disabled Snowsports Branch Membership

- Auckland \$40
- Canterbury \$60 individual/\$80 family
- Otago \$30
- Wairarapa \$30
- Wellington \$25 individual/\$35 family

Or, Adaptive Snow Sports Membership

- Individual \$40
- International/Overseas \$60
- Group \$25pp _____ please specify.
For Group Trips. Only available to affiliated groups i.e.
Special Olympics, RNZFB, ParaFed, BackUp NZ, DANZ.

Membership Fee _____
Voluntary Donation to:
- Adaptive Snow Sports Programmes _____
- Your DSNZ Branch _____
- The DSNZ Trust Fund _____
- On-Mountain Programme @ _____
Total Amount Payable _____

Payment Method

- Electronic Banking: BNZ 02-0560-0256960-00
use: adaptive/your name/membership number as reference
- Cheque/money order made payable to Snow Sports New Zealand
- Credit Card: Visa/Mastercard Expiry Date _____
Card Number _____
Name on Card _____ Signature _____

Confirmation

Snow Sports New Zealand and Disabled Snowsports New Zealand (DSNZ) are hereby permitted to enter the above information into a computer database for the purpose of membership benefits, fundraising, statistics and to assist programme coordinators. I understand that SSNZ/DSNZ 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 whilst taking part in snowsports.

Signed _____ Date _____

To be signed by Parent or Gardian if under 18 years of age

Please post this form to SSNZ, PO Box 395, Wanaka, 9343, your local branch or email to admin@snowsports.co.nz
Remember to include your payment, passport photo and for new members, proof of disability

