



NEW ZEALAND DARTS COUNCIL  
P O Box 42042, Wainuiomata 5049

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***APPLICATION TO AFFILIATE TO  
NEW ZEALAND DARTS COUNCIL INC.***

ASSOCIATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

How long has your Club been operating: \_\_\_\_\_

How many active participating members in your Club: \_\_\_\_\_

Reason for wanting to affiliate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Committee: President: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

Committee Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We have read the requirements of a Club when joining the New Zealand Darts Council Inc.

We will comply with the requirements including a commitment to register all our members.

Signed:      President: \_\_\_\_\_

Secretary: \_\_\_\_\_