New Zealand Darts Council Inc
19 Homedale Road
Wainuiomata 5014

Form NZDC 2
ASSOCIATION MEMBER REGISTRATIONS

nzdarts@xtra.co.nz

Date Sent: _____

ASSOCIATION: _____ SEASON: _____

Please List by Last Names in Alphabetical Order (A-Z) or by Member Number

A birth certificate or passport must accompany all Jnr/Yth registrations

NZDC #	Last Name	First Name	Gender M/F	Snr, Jnr or Yth	Fee Paid

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