



New Zealand Amateur
Rock'n'Roll Association Inc.



Affiliated Club Contact and Permission Form

Club Name: _____

Club Contact Details

President name: _____

Phone number: _____

Email: _____

I give permission for my contact details to be on the website and held by the NZARRA Association Yes / No

Secretary name: _____

Phone number: _____

Email: _____

I give permission for my contact details to be on the website and held by the NZARRA Association Yes / No

Club Website: _____

Club Facebook: _____

This form gives permission for the NZARRA Association to post your club's contact details to our Association website and to hold this information for our records.

President Signature:

Date:

Club Secretary Signature:

Date:

*Please note, this will be required to be completed everytime there is a change to your committee.