



Membership Application Form
Imperial Romans of NZ

Full Name.....(Age.....)

Address.....

Contact Numbers Home..... Work..... Mobile.....

Email Address.....

*Emergency Number.....*Contact Person.....

Please describe any previous re-enactment experience.....

Area of interest: Roman..... Gladiator..... Living History.....

Please advise of any relevant medical conditions.....

Please advise any other relevant info.....

Signed.....Dated.....

- **Joining Fees** (Single \$50.00) (Family \$65.00) (Student \$30.00) **circle required**

Please return your application to bretclark@hotmail.com



OFFICE USE ONLY

Application for membership

Accepted (Yes) (No)

Declined Reason given.....

Payment received by Treasurer.....