



# Application to start a new NZYF club

Please fill out the form below and submit it to NZYF Board for consideration.

Please complete and return to the **NZYF HEAD OFFICE, PO BOX 50, METHVEN.**

FULL NAME:		EMAIL ADDRESS:	
ADDRESS:			
PHONE NUMBER:		FAX NUMBER:	
PROPOSED CLUB NAME:		DISTRICT:	REGION:
WHY IS A YOUNG FARMERS CLUB NEEDED IN YOUR AREA?			
CAN YOU LIST AT LEAST 10 NAMES OF PEOPLE (AGED 16-31) THAT WOULD JOIN THE PROPOSED CLUB:			
WHAT DO YOU THINK A YOUNG FARMERS CLUB CAN OFFER THESE YOUNG PEOPLE?			
APPLICANT'S SIGNATURE: _____		DATE _____	

YOUR APPLICATION WILL NEED TO BE APPROVED BY THE NZYF PRESIDENT AND CEO