

**Survive Club
Membership Form**

PO Box 13-939, Christchurch 8141, New Zealand

Personal Details

Name: _____

Address: _____

Email: _____ Phone #: _____ Cell Phone: _____

D.O.B _____

Skills

(describe type where space is available)

Trade: _____ Military Training: _____ Martial Arts: _____

Medical: _____ Farming: _____ Communications: _____

Outdoor Experience *(please tick relevant options)*

Hunting: __ Fishing: __ Boating: __ Tramping: __

Other relevant skills and experiences: *(use back of page or another page if needed)*

Other Comments:

