LUV IMMIGRATI®N

We're with you all the way. New Zealand's Trusted Immigration Experts

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Club Membership Form

Full Name:	
Address:	
Date of Birth:	
Email:	
Contact Number:	
Nationality:	
Any allergies or injuries?	
How did you hear about us?	

Terms and Conditions

I understand and accept the conditions set out below and I am pleased to confirm my acceptance of those terms and conditions.

- I agree that I will follow the rules and regulations laid down by Luv Immigration Club for conducting the activity classes
- I agree to register and maintain full details in the Luv Immigration Club membership form
- I grant permission to be photographed and filmed by Luv Immigration for the purpose of promoting the Luv Immigration Club.
- From time to time you agree to receive email communications from Luv Immigration Club

Signature:	Date:
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