



WHANGAMATA CLUB (INC)



E-mails: manager@whangamataclub.co.nz
office@whangamataclub.co.nz
members@whangamataclub.co.nz

404 PORT ROAD
WHANGAMATA 4620
Phone: 07 865 8705

Application for Membership

The Joining Fee is **ONLY \$35** to be paid in full
Your membership expires **30th September 2018**

PLEASE PRINT CLEARLY

APPLICANT

SURNAME: **CHRISTIAN NAME(S):**
(MR/MRS/MS/MISS)

Are you/have you ever been known by any other name(s)? YES/NO
(If YES, please state)

Is your spouse/partner already a Member YES / NO If yes, what is their name and Membership number?

NAME: **MEMBERSHIP NUMBER:**

RESIDENTIAL ADDRESS: **Postcode:**.....

POSTAL ADDRESS: **Postcode:**.....
(IF DIFFERENT FROM ABOVE)

CONTACT NUMBERS: (Home)..... (Mobile)

OCCUPATION:.....

EMAIL ADDRESS: **DATE OF BIRTH:**/...../.....
****Please print email clearly** OUR PREFERRED WAY OF COMMUNICATION** (You must be 18 years or over to join)

Has your membership ever been declined, suspended or revoked from any Club? YES/NO

If YES, name of Club and details:

I hereby agree to abide by the rules of the Club and certify that the above information is correct. I acknowledge that if I have given false information, it will result in automatic cancellation of Membership. Please notify The Whangamata Club if any of the above information changes.

SIGNATURE OF APPLICANT: **DATE:**

We, have been financial Members of the Whangamata Club Inc for more the one year, and know the Applicant personally and in accordance with the rules, recommend him/her for Membership.

PROPOSER NAME:

SECONDER NAME:.....

MEMBERSHIP NUMBER:

MEMBERSHIP NUMBER:

Have known Applicant for Years

Have known Applicant for Years

SIGNED:

SIGNED:

PRIVACY ACT 1993

The Whangamata Club Inc is collecting, and will hold the information on this form on file. The Club is collecting the information:

- So it, and it's Members, can assess the Applicant's suitability for Membership (including transfers of Membership).
- So it can administer it's operation and assist other Clubs that are Members of Clubs New Zealand to administer theirs.
- To enable Clubs New Zealand or its Agent s, to compile a list of Members of all Clubs in New Zealand and to send those Members Club promotional, marketing and other material.

A copy of your information will be displayed on the Club's noticeboard.

The Applicant acknowledges by signing this form that he or she has authorised the Club to obtain, check, exchange information with, and supply information to Members of the Club, Clubs New Zealand and other Clubs that are Members of Clubs New Zealand.

The Applicant is entitled under the Privacy Act 1993, to have access to and request correction of personal information held by the Club about the Applicant.

PLEASE NOTE: THERE ARE NO JOINT APPLICATIONS ONE APPLICATION FORM PER PERSON

NEW MEMBERSHIP NUMBER: **RECEIPT #:**.....

CARD ORDERED **CARD DELIVERED**.....