APPLICATION FOR ASSOCIATE MEMBERSHIP

TITLE: Dr Mr Mrs Ms Miss

D.O.B:

FULL NAME:

ADDRESS:

POST CODE:

EMAIL: **PHONE:**

Have you ever been refused membership or expelled from any chartered club? YES ☐ NO ☐

Will you allow your name and address to be supplied to Clubs New Zealand to be included on a national register of members? YES ☐ NO ☐

TERMS AND CONDITIONS OF MEMBERSHIP:

The Whangamata RSA operates under the Privacy Act code of practice.
I hereby agree to abide by the rules of this Club and certify the above information is correct.

MEMBERSHIP CARDS MUST BE CARRIED AT ALL TIMES.

I accept that my application for membership is subject to the registered rules of the Whangamata RSA and will be accepted or declined by the Executive Committee.

APPLICANTS SIGNATURE: _____ DATE: _____

This nomination must be signed by two Financial Members, one of whom must be a member of the Executive Committee.

Moved (Print): _____ (Sign) _____ M/Ship No. _____

Seconded (Print): _____ (Sign) _____ M/Ship No. _____

STAFF ONLY:

NEW MEMBER # _____

RECEIPT ATTACHED ☐

STAFF MEMBER: _____

OFFICE ONLY

DATABASE ☐
NUMBERS ☐
APPLICATION ☐
CARD ORDERED ☐