



MEMBERSHIP APPLICATION FORM

The Joining Fee of \$45 is to be paid in full.

Join from 1 AUGUST 2026 and your membership expires 30 September 2027

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

PERSONAL INFORMATION

Surname : First Name :

(MR / MRS / MS / MISS)

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

Date Of Birth : / /
(You must be 18 years or over to join)

Residential Address : Postal Address :
Postcode: (if different) Postcode:

Phone Number : E-Mail :

Occupation :

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

If yes, name of Club and details:

Is your spouse/partner already a Member? YES/NO If yes, what is their membership details?

First Name : Member #:

I would like to have my new membership card posted to me for an extra \$3 (please tick) ☐

Membership payments can be paid at the bar or via Internet Transfer
Whangamata Club Inc 02-0472-0011752-01 Please put your surname as the reference

IMPORTANT INFORMATION

I hereby agree to abide by the rules of the Club and certify that the above information is correct. Please notify The Whangamata Club if any of the above information changes.

I acknowledge the Committee reserves the right to revoke my membership within 90 days of application should I have been found to have provided false information or breached Club rules.

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 2020, to have access to and request correction of personal information held by the Club about the Applicant.

Signature of :
Applicant

Date :

BAR USE:

Checked Photo ID: ☐ Drivers License ☐ Passport ☐ Other:

ID Number: Expiry:

Staff Name:

OFFICE USE:

Membership Number:

Receipt #:

☐ To Bar ☐ Posted Date:

Staff Name: