



WHANGAMATA CLUB (INC)



E-mail: members@whangamataclub.co.nz
Facebook: www.facebook.com/TheWhangaClub
Website: www.whangamataclub.co.nz

404 PORT ROAD
WHANGAMATA 4620

Application for Instant Membership

The Joining Fee is **ONLY \$35** to be paid in full
Your membership expires **30th September 2022**

APPLICANT: PLEASE PRINT CLEARLY

TICK BOX ONLY IF YOU WISH TO HAVE YOUR CARD POSTED OUT

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.

By signing, you confirm that you have a valid Vaccine Passport and agree to have this verified on application.

SIGNATURE OF APPLICANT: DATE:

PRIVACY ACT 2020

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 Agents, to compile a list of Members of all Clubs in New Zealand and to send those Members Club promotional, marketing and other material.

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.

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

Bar use: Checked Photo ID: - Drivers Licence , Passport, Other

ID TYPE: NUMBER / EXPIRY:

STAFF NAME:

Office use:-

NEW MEMBERSHIP NUMBER: RECEIPT #.....

CARD PRINTED TO BAR / POSTED

PLEASE TRANSFER THE MEMBERSHIP FEE OF \$35 TO:
Whangamata Club Inc 02-0472-0011752-01
Please put your surname as the reference