

MEMBERSHIP APPLICATION FORM

The Joining Fee of \$40 is to be paid in full.

Join from 1 July and your membership expires 30th September 2025

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

PERSONAL INFORMATION	
Surname:	First Name :
Are you/ have you ever been known by any other name(s)	(MR / MRS / MS / MISS) ? YES/NO
Date Of Birth: / /	
Residential . Address Postcode:	Postal Address : (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 ye	es, what is their membership details?
First Name:	Member #:
I would like to have my new membership card posted to me for an extra \$2 (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	
hereby agree to abide by the rules of the Club and certify t Whangamata Club if any of the above information changes.	hat the above information is correct. Please notify The
acknowledge the Committee reserves the right to revoke notes found to have provided false information or breached	ny membership within 90 days of application should I have Club rules.
The Applicant acknowledges by signing this form that he or information with, and supply information to Members of the Members of Clubs New Zealand. The Applicant is entitled ur correction of personal information held by the Club about t	e Club, Clubs New Zealand and other Clubs that are nder the Privacy Act 2020, to have access to and request
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: