

WHANGAMATA RSA (INC)
APPLICATION FOR ASSOCIATE MEMBERSHIP

TITLE (circle one): Dr Mr Mrs Ms Miss

FULL NAME:

ADDRESS:

POST CODE:

EMAIL:

PHONE:

D.O.B.

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:

MEMBER #

DATE RECEIVED:

AMOUNT PAID:

RECEIPT:

BOOK:

TEMPORARY CARD: