

**WHANGAMATA RSA (INC)**  
**APPLICATION FOR JUNIOR MEMBERSHIP**

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FULL NAME:

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ADDRESS:

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POST CODE:

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EMAIL:

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PHONE:

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D.O.B.

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

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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

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**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.  
You are entitled to sign in one visitor, on any one day and that visitor must have attained the age of 16.  
You are not entitled to either purchase or consume liquor on the premises.  
You are not permitted to enter the Gaming Area or play the gaming machines.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIANS 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: \_\_\_\_\_

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