

(Office use only)

Membership Number:

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MATAMATA CLUB (INC)

Membership Application Form

Applicant(s) Details

| | | | |
|----------------|-------------------|-----------------------|----------------|
| Mr/Mrs/Miss/Ms | Surname: | First Names: | Date of Birth: |
| Mr/Mrs/Miss/Ms | Partners Surname: | Partners First Names: | Date of Birth: |
| Address: | | | |
| | | | |
| Phone Number: | | Fax Number: | |
| Mobile Number: | | E-Mail: | |

Proposer/ Seconder Details

| | | | |
|--------------|----------------|--------------|----------------|
| Proposed By: | Membership No: | Seconded By: | Membership No: |
| Signed: | | Signed: | |

Membership Fees - 1st April to 31st March

(Please Circle One)

| | | | |
|----------------------------------|--------------------------------------|-------------|------------------|
| SUMMER MEMBERSHIP SPECIAL | | | |
| Full Member | Nomination Fee Waived - save \$20.00 | Only | \$. 25.00 |
| SUMMER MEMBERSHIP SPECIAL | | | |
| Married / Couple | Nomination Fee Waived - save \$20.00 | Only | \$. 50.00 |
| | | | |

Payment: (Please tick one)

 Cash Cheque Eftpos

Forms and payment can be made at the Club, 9 Waharoa Rd East, Matamata

or Posted to P O Box 77, Matamata

Please read and sign

Privacy Act 1993

The club is collecting and will hold the information on this form so it can administer your application and assist other clubs affiliated with Clubs New Zealand to administer theirs. The applicant acknowledges by signed this form that he or she has authorised the club to obtain, check, exchange information with, and supply information to clubs New Zealand and clubs that are members of Clubs New Zealand. The applicant is entitled, under the Privacy Act 1993 to have access to, and request correction of, personal information held by the club about the applicant.

I hereby agree to abide by the rules of the club and certify that the information provided on this application form is correct. I certify that I am not suspended, nor expelled, from another charter club.

Signature of applicant _____

Date _____

Signature of partner _____

Date _____

For Office Use Only:

| | |
|---|-------------------------------|
| Date nomination received: / / | Date Processed: / / |
| Subscription paid: / / | Receipt No: |
| Amount: \$ | |