

MATAMATA CLUB

MEMBERSHIP APPLICATION FORM

Privacy Act 1993

The club is collecting, and will hold, the information on this form.

The information is required:

- a. so it, and its members, can assess the applicant's suitability for membership (including transfer of membership).
- b. so it can administer its operation and assist other clubs affiliated with Clubs New Zealand to administer theirs.

A copy of the first part of this application form will be displayed on the club notice board. 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 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.

Applicant to complete:

Mr/Mrs/Miss/Ms	SURNAME:	FIRST NAMES:
----------------	----------	--------------

Are you, or have you ever been, known by another name?

YES/NO

If YES, please write the name here in full:

I hereby agree to abide by the rules of the club and certify that the information provided on this application form is correct. I acknowledge that if I have given false information, it could result in automatic cancellation of my application and/or membership. I certify that I am not currently suspended nor have I ever been expelled from any other club.

I enclose a Cheque / Cash for \$65 payable to the Matamata Club INC, being full payment the subscription to year ending 31st March.

Signature of applicant:

Date:

PROPOSER/SECONDER DETAILS - PLEASE PRINT YOUR NAME

PROPOSED BY:

MEMBERSHIP NO:

I have known the applicant foryears

Signed:

SECONDED BY:

MEMBERSHIP NO:

I have known the applicant foryears

Signed:

For the privacy of the applicant, the section below should be folded back before photocopying the top section for posting on the club notice board section for new member applications.

Applicant to complete:

ADDRESS:

CONTACT TEL. NO:

HOME FAX (if any):

MOBILE NO:

EMAIL ADDRESS:

DATE OF BIRTH:

For office use only:

Date nomination received:

Date elected/declined:

Subscription paid:

Receipt No: