



# WHANGAMATA CLUB (INC)



E-mail: members@whangamataclub.co.nz  
Facebook: www.facebook.com/TheWhangaClub www.whangamataclub.co.nz  
Website: www.whangamataclub.co.nz

404 PORT ROAD  
WHANGAMATA 4620  
Phone: (07) 865 8705

## Application for Instant Membership

The Joining Fee is **ONLY \$35** to be paid in full  
Your membership expires **30th September 2020**

APPLICANT: **PLEASE PRINT CLEARLY**

**TICK BOX ONLY IF YOU WISH TO HAVE YOUR CARD POSTED OUT** ☐

**SURNAME:** ..... **CHRISTIAN NAME(S):** .....  
(MR/MRS/MS/MISS)

Are you/have you ever been known by any other name(s)? YES/NO .....  
(If YES, please state)

Is your spouse/partner already a Member YES / NO If yes, what is their name and Membership number?

**NAME:** ..... **MEMBERSHIP NUMBER:** .....

**RESIDENTIAL ADDRESS:** ..... **Postcode:** .....

**POSTAL ADDRESS:** ..... **Postcode:** .....  
(IF DIFFERENT FROM ABOVE)

**CONTACT NUMBERS:** (Home)..... (Mobile) .....

**OCCUPATION:** .....

**EMAIL ADDRESS:** ..... **DATE OF BIRTH:** ...../...../.....

**\*\*Please print email clearly\*\* OUR PREFERRED WAY OF COMMUNICATION** (You must be 18 years or over to join)

Has your membership ever been declined, suspended or revoked from any Club? YES/NO

If YES, name of Club and details: .....

I hereby agree to abide by the rules of the Club and certify that the above information is correct. I acknowledge that if I have given false information, it will result in automatic cancellation of Membership. Please notify The Whangamata Club if any of the above information changes.

**SIGNATURE OF APPLICANT:** ..... **DATE:** .....

### PRIVACY ACT 1993

The Whangamata Club Inc is collecting, and will hold the information on this form on file. The Club is collecting the information:

- So it, and it's Members, can assess the Applicant's suitability for Membership (including transfers of Membership).
- So it can administer it's operation and assist other Clubs that are Members of Clubs New Zealand to administer theirs.
- To enable Clubs New Zealand or its Agents, to compile a list of Members of all Clubs in New Zealand and to send those Members Club promotional, marketing and other material.

A copy of your information will be displayed on the Club's noticeboard.

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 other 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.

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

**Bar use:- Checked Photo ID: i.e. Drivers Licence , Passport**

**TYPE:** ..... **NUMBER/EXPIRY:** .....

**STAFF NAME:** .....

**Office use:-**

**NEW MEMBERSHIP NUMBER:** ..... **RECEIPT #:** .....

**CARD ORDERED** ..... **CARD DELIVERED:** .....