

APPLICATION FOR MEMBERSHIP
WAIMEA TOWN & COUNTRY CLUB Inc. Trading as CLUB WAIMEA
P O Box 3183, RICHMOND NELSON

Type of Membership *(Please Tick)* **Ordinary** **Staff** **Junior** **Couples**
(complete 1 form each)

How did you find out the advantages of joining the Waimea Town & Country Club?

Friend Advertising Member of Club Waimea Employee of Club Waimea Rejoining Member

APPLICANT: MR / MRS / MISS / MS

Surname: **First Name (s):**

Are you or have you ever been known by any other name? **YES / NO**

If **YES**, What?

Address:

Home Telephone Number: Work Telephone Number:

Email address: Cell Phone Number

Date of Birth: Occupation:

Has your membership ever been Declined, Suspended or Revoked from any Club? **YES / NO**

If **YES** name of Club and Details:

Privacy Act 1993

- 1 The above named Club is collecting and will hold the information on this form. The Club is collecting the information:
 (a) So it and its Members can assess the applicant's suitability for Membership (including transfers for Membership);
 (b) So it can administer its operation and assist other Clubs that are Members of Clubs New Zealand to administer theirs;
- 2 The applicant acknowledges by signing this form that he or she has authorized 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.
- 3 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 above 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.

Subscription Fee payable with Application Form.

.....
(Signature of Applicant)

.....
(Dated)

I know the applicant personally and in accordance with the Rules, recommend him/her for Membership.

Proposer:* I have known the applicant.....years.....
Signature (Print Name & Membership No.)

*Not required for Transfers
