

WAIUKU COSMOPOLITAN CLUB APPLICATION FOR MEMBERSHIP

TITLE (circle one): Dr Mr Mrs Ms Miss

FULL NAME:

DATE OF BIRTH: DD/MM/YYYY

OCCUPATION:

EMAIL:

PHONE:

MOBILE:

ADDRESS:

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

Have you ever been convicted of any crime within the Crimes Act? YES NO

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

By signing this form, I consent to become a member of the Waiuku Cosmopolitan Club and undertake, if elected, to abide by the club's constitution, by-laws, and policies. The full constitution, by-laws, and relevant policies, including the privacy policy are available on request from the club.

I accept that my application for membership is subject to the registered constitution of the Waiuku Cosmopolitan Club and will be accepted or declined by the Committee.

Ordinary Membership: 18-64yrs \$50 **Family Membership:** Husband/Wife with children up to 17yrs
Senior Membership: 65+yrs \$30

SIGNED:

DATE:

FOR OFFICE USE ONLY:

MEMBER #

DATE RECEIVED:

AMOUNT PAID:

RECEIPT NUMBER: