APPLICATION FOR

ORDINARY 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?	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 ☐

TERMS AND CONDITIONS OF MEMBERSHIP:

I undertake, if elected, to abide by the rules, bylaws and policies of the Waimate Town & Country Club. The full rules, bylaws 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 rules of the Waimate Town & Country Club and will be accepted or declined by the Executive Committee. Pending acceptance of my application, I acknowledge that I have the rights and privileges only of a visitor at the discretion of the Executive Committee.

FOR OFFICE USE ONLY:

MEMBER # DATE RECEIVED:

AMOUNT PAID: RECEIPT NUMBER: