

## \$79 Joining Fee for membership till 31<sup>st</sup> March 2026

### APPLICATION FOR MEMBERSHIP OF WAIPA WORKINGMEN'S CLUB

SURNAME: \_\_\_\_\_ FORNAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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 applicants suitability for membership(including transfers of membership),
  - b. So it can administer its operation and assist other clubs that are members of Clubs New Zealand to administer theirs,
  - c. To enable Clubs New Zealand or it's Agent to compile a list of members of all Clubs in New Zealand and send those members promotional, marketing and other material
2. The applicant acknowledges by signing this form that he or she has authorised the Club to obtain and check, exchange it's information with, and supply information to members of the club, Clubs New Zealand and other 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 is correct. I acknowledge that if I have given false information, it will result in automatic cancellation of Membership

I enclose \$ \_\_\_\_\_ being full payment of nomination fee.

Tick the box if you do not agree to being sent material described in 1 C above.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

We knew 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 Number)

SECONDER\* I have known the applicant \_\_\_\_ Years \_\_\_\_\_  
Signature (Print Name & Membership Number)

- Not required for Transfers

#### Online payments

Please pay online to **03 1564 0082640 00** and put your **name** in the **reference section** and e-mail your signed form to [office@waipawmc.co.nz](mailto:office@waipawmc.co.nz) or posted to PO BOX 307 Te Awamutu.

#### FOR OFFICE USE ONLY

Date nomination received: / / Date elected/declined: / / Date forwarded to CNZ: / /  
Subscription paid: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Membership Number: \_\_\_\_\_

