



APPLICATION FOR MEMBERSHIP



FIRST NAME:.....SURNAME:.....

HAVE YOU BEEN KNOWN BY ANY OTHER NAME: Y/N IF YES:.....

OCCUPATION:.....EMPLOYER:.....

POSTAL ADDRESS:.....

DATE OF BIRTH:...../...../..... GENDER: MALE / FEMALE

PHONE NUMBER:..... CELL PHONE NUMBER:.....

EMAIL ADDRESS:.....

Have you been refused or had your membership revoked from any other Club? YES/NO
If yes, name of Club and details.....

Attached is **\$55.00** being full payment for nomination and membership.

You will receive a 'TEMPORARY MEMBER' card on receipt of your application. This card will allow you access to use the Club facilities. This card is to be returned once you receive your full membership card. You will receive a full membership card on acceptance of your application.

After September 2017 normal membership rates will apply.

I hereby agree to abide by the rules of the Otorohanga Club Inc. and certify that the above information is correct.

.....
(Applicant Signature)

.....
(Date)

If any of the information above is false it will result in an automatic cancellation of your membership.

We the undersigned who are financial members of the Otorohanga Club Inc., certify that we know the applicant and personally recommend him/her for membership.

PROPOSER: I have known the applicant foryears

.....
(Signature)

.....
(Print Name & Membership Number)

SECONDER: I have known the applicant foryears

.....
(Signature)

.....
(Print Name & Membership Number)

Staff use only

STAFF – CHECK ALL DETAILS ARE FILLED OUT

Date nomination received: / /20

Temp card No. _____

Paid:\$ _____ Receipt No. _____

Staff Initials: _____

Date accept/decline: / /20

Membership No. _____