



South Wairarapa Workingmen's Club

Nomination for Membership Form

Mr/Mrs/Miss/Ms

Surname:

Christian Names:

Date of Birth: Occupation:

Employer:

Applicants

Postal Address:

Post Code

Contact Phone No: Email

Has your membership ever been declined, suspended, or revoked by any other Chartered Club Yes/No

If Yes, name of Club and details

Type of Membership being applied for: Please Tick

- Junior (Up to the age of 18)
- Junior (Aged from 18 - 24)
- Ordinary (Aged from 24—59)
- Senior (Aged 60 & over)

- Married/Legal Partnership Aged up to 59
- Married/Legal Partnership Over 60

Partners Name (Please print below)

NOTE: Separate Nomination Form for EACH Partner Joining

The Club has several Sports Sections. If you would like more information on these or are interested in participating in any of these please tick below. We can also email other items of interest as they arise.

- | | | | |
|----------------------|--------------------------|--------------------------------|--------------------------|
| Cards (Euchre) | <input type="checkbox"/> | Wine Tasting | <input type="checkbox"/> |
| Darts | <input type="checkbox"/> | Live Bands/Entertainment | <input type="checkbox"/> |
| Fishing | <input type="checkbox"/> | Special Dining Events | <input type="checkbox"/> |
| Golf | <input type="checkbox"/> | Special Race Days | <input type="checkbox"/> |
| Indoor Bowls | <input type="checkbox"/> | Members Draw | <input type="checkbox"/> |
| Outdoor Bowls | <input type="checkbox"/> | Sport Of Kings | <input type="checkbox"/> |
| Pool | <input type="checkbox"/> | Children's Xmas Party | <input type="checkbox"/> |
| Snooker | <input type="checkbox"/> | | |
| Senior Members | <input type="checkbox"/> | | |

P.T.O

PRIVACY ACT 1993

1. The above named club is collecting, and will hold, the information on this form. The club is collecting the information for;
 - A. So it, and it's members, can assess the applicant's suitability for membership (Including transfer membership);
 - B. So it can administer its operation and assist other clubs that are members of the Clubs NZ Incorporated to administer theirs;
2. A copy of this application form of the applicant will be displayed on the clubs noticeboard.
3. The applicant acknowledges by signing this form that he or she has authorised the club to obtain, check, exchange information with, and supply information to, members of the club, Clubs NZ and other clubs that are members of Clubs NZ.
4. 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.

DECLARATION

I declare that the above information is correct and accept cancellation of membership should it be proven incorrect.
I further agree, once accepted to abide by the Rules and Regulations of the South Wairarapa Workingmen's Club.

Signed: Date/...../.....

We, the undersigned who have been members for at least the previous three months (Rule 5), declare that to the best of our knowledge and belief the above named is a fit and proper person to be a Member of our Club.

Please Print
Proposer: **Seconder:**

Membership No: **Membership No:**

Signed: **Signed:**

“Your comfort and enjoyment is the goal of our team”



OFFICE USE	
Accepted /...../.....	Member Number <input type="text"/>
Category	Subscription \$.....