

CLUBS NEW ZEALAND



MEMBERSHIP
application

The _____ hereby makes an application for membership of Clubs New Zealand and in doing, agrees to abide by the Constitution of the Association.

Clubs New Zealand will use the information provided on this form to determine your club/associations suitability for membership. We will contact you if we require further information or clarification.

This application for membership is made on behalf of the above club by;

NAME:

APPOINTMENT:

SIGNATURE:

DATE:

1. SPONSOR

This application is supported by: _____
(full name of supporting club)
being a current financial member of Clubs New Zealand.

NAME:

APPOINTMENT:

SIGNATURE:

DATE:

2. RECIPROCAL RIGHTS

Does your club/association have its own premises (i.e. is able to accept members visiting from other clubs who are members of Clubs New Zealand)? **YES** **NO**

Our club **EXTENDS/DOES NOT EXTEND** reciprocal visiting rights to all member clubs of Clubs New Zealand

Our club **EXTENDS/DOES NOT EXTEND** reciprocal visiting rights to member clubs of the Australian State Associations that are currently members of Clubs Australia?

Reciprocal visiting rights will remain in place for as long as the club/association is a member of Clubs New Zealand.

NAME:

SIGNATURE:

3. MEMBERSHIP

Please indicate your clubs membership numbers below. The number of members you must declare to Clubs New Zealand is to be based off the total number of financial members of your club across all membership categories.

NUMBER OF FINANCIAL (NON RETURNED) MEMBERS: _____

NUMBER OF RETURNED MEMBERS (IF APPLICABLE): _____

Does your club/association offer Junior Membership? YES NO

Is your club/association a current member of the RNZRSA? YES NO

4. SOCIETY DETAILS

SOCIETY TYPE: Incorporated Friendly Other _____

CLUB TYPE: Workingmen's Cosmopolitan RSA Sports Other _____

CLUB FORMED: DD/MM/YYYY

No. OF MANAGEMENT: _____

FINANCIAL YEAR ENDS: DD/MM/YYYY

No. OF EMPLOYEES: _____

AGM DATE: DD/MM/YYYY

No. OF COMMITTEE: _____

5. CONTACT DETAILS

CLUB PHONE: _____ **CLUB FAX:** _____

CLUB EMAIL: _____

SECONDARY EMAIL: _____

CLUB WEBSITE: _____

POSTAL ADDRESS: _____ **POSTAL SUBURB:** _____

POSTAL CITY: _____ **POST CODE:** _____

STREET ADDRESS: _____ **STREET SUBURB:** _____

CITY: _____ **POST CODE:** _____

6. KEY CONTACTS

CLUB MANAGER:

MANAGER PHONE:

MANAGER EMAIL:

CLUB SECRETARY:

SECRETARY PHONE:

SECRETARY EMAIL:

CLUB PRESIDENT:

PRESIDENT PHONE:

PRESIDENT EMAIL:

CLUB VICE PRESIDENT:

VICE PRESIDENT PHONE:

VICE PRESIDENT EMAIL:

7. FOOD AND BEVERAGE

What kind of liquor licence does your club/association hold?: Permanent Charter Club Licence None

Does the club/association hold an off licence?: YES NO

Club Catering: In House Contract Caterer None

TRADING DAYS : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

8. TAB AND GAMING

Does your club have TAB facilities? YES NO

Does your club operate Class 4 Gaming Machines? YES NO

Please indicate the number of each type of gaming machine your club operates below;

KONAMI:

ARISTOCRAT:

IGT:

CONSOLIDATED:

AINSWORTH:

TOTAL MACHINES:

9. SPORTS AND ADJUNCTS

Please tick the below sports/adjuncts which are applicable to your club. You can list any other adjuncts not included below in the space provided;

- 500 Texas Hold'em Petanque Snooker Billiards
 Cribbage Indoor Bowls Outdoor Bowls 8-Ball Golf
 Euchre Fishing Table Tennis Darts Mah Jong
 Clay Target Shooting

PLEASE LIST ANY ADDITIONAL ADJUNCTS BELOW:



THANK YOU

Please enclose with this application:

- A copy of your club/associations rules
- A copy of your club licence (if applicable)
- Any other supporting documentation you wish to include

If you have any questions or require any assistance during the application process please give the team at National Office a call on 0800 425 827.