TUAKAU COSMOPOLITAN CLUB INCORPORATED

MEMBERSHIP APPLICATION FORM

Privacy Act 2020

The club is collecting, and will hold, the information on this form.

The information is required:

A: so it can assess the applicant's suitability for membership (including transfer of membership).

B: so it can administer its operation and assist other clubs affiliated with Clubs New Zealand to administer theirs.

Affix colour photograph here

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 New Zealand and clubs that are members of Clubs New Zealand. The applicant is entitled, under the Privacy Act 2020 to have access to, and request correction of, personal information held by the club about the applicant.

PLEASE FILL IN ALL DETAILS CLEARLY

Mr/Mrs/Miss/Ms	**FIRST NAMES:**	**SURNAME:**

Are you, or have you ever been, known by another name? YES/NO

If YES, please write the name here in full:

DATE OF BIRTH:	**CONTACT TEL. NO:**

EMAIL ADDRESS:

PHYSICAL ADDRESS:

POSTCODE:

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE):

POSTCODE:

I hereby agree to abide by the rules of the club and certify that the information provided on this application form is correct. I acknowledge that if I have given false information, it could result in automatic cancellation of my application and/or membership. I certify that I am not currently suspended, nor have I ever been expelled from any other club.

I enclose payment of $10.00 being full payment for the first year's (or part thereof) subscription.

Signature of applicant: **Date:**

☐ Please tick this box if you prefer to receive important communication via email (e.g., notice of AGM and membership renewal notices)

☐ Yes, please send me the Tuakau Cossie Club newsletter via email

PROPOSER/SECONDER DETAILS

PROPOSED BY (NAME): _____ **MEMBERSHIP NO:**

I have known the applicant for……years **Signed:**

SECONDED BY (NAME): _____ **MEMBERSHIP NO:**

I have known the applicant for……years **Signed:**

For office use only:

Date nomination received:	Date elected/declined:
Subscription paid:	Receipt No: