

# HAMILTON COMBINED RETURNED SERVICES CLUB

50 Rostrevor St  
HAMILTON  
P.O. Box 9028  
HAMILTON

(INCORPORATED)



PHONE 838 0131  
FAX 834 0170  
EMAIL hamcrsc@clear.net.nz

## MEMBERSHIP APPLICATION FORM

Mr/Mrs/Miss/Ms

SURNAME:

FIRST NAMES:

Are you or have you ever been known by another name?

YES/NO

If YES, please write the name here in full:

I hereby agree to abide by the rules of the Club and certify that the information provided on the 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.

APPLICANTS SIGNATURE:

DATE:

*Proposer & Secunder must be a financial member for 12 months or more.*

PROPOSER/SECONDER DETAILS - PLEASE PRINT YOU NAME

PROPOSED BY:

MEMBERSHIP NO:

I have known the applicant for \_\_\_\_\_ years

Signed:

SECONDED BY:

MEMBERSHIP NO:

I have known the applicant for \_\_\_\_\_ years

Signed:

### Privacy Act 1993

The club is collecting and will hold the information on this form. This information is required:

- so the Club and its members can assess the applicants suitability for membership (including transfer of membership)
- so it can administer its operation and assist other Clubs affiliated with Clubs NZ to administer theirs.
- This information will also be passed on to Clubs New Zealand (only) for the purpose of a National Data Base to benefit Clubs.

A copy of the first part of this application form and photograph of the applicant will be displayed on the Club Notice Board. 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 1993 to have access to, and request correction to personal information held by the Club

Affix photograph here

**A NOMINATION FEE OF \$10 IS PAYABLE WITH APPLICATION FOR NEW MEMBERSHIP**

**SUBSCRIPTIONS: \$26 ANNUALLY TO BE PAID AT TIME OF APPLICATION**

**SUBSCRIPTIONS ARE DUE FOR RENEWAL AT 31st MARCH EACH YEAR**

For the Privacy of the Applicant, the section below should be folded back before photocopying the top section for posting on the Club Notice Board.

### Applicant to complete:

ADDRESS:

CONTACT PHONE NO:

HOME FAX: (if any)

MOBILE NO:

EMAIL ADDRESS:

DATE OF BIRTH:

Has your Membership ever been declined, suspended or revoked from any other Club?

Yes/No

Do you have any Criminal Convictions?

Yes/No

If Yes - Details:

### For Office Use Only:

Date Application Received:

Date Accepted/Declined

Membership No:

Receipt No: