



WAIUKU COSMOPOLITAN Club INC

4 Victoria Avenue, PO Box 18, Waiuku Phone 09-235 9131
Email: waiukucossi@paradise.net.nz Fax 09 - 235 9019

Applicant to complete

First Names.....Last Name.....

Address.....

Have you ever been refused membership or expelled from any chartered club? Yes/No

PRIVACY ACT STATEMENT

The Waiuku Cosmopolitan Club is collecting and will hold the information on this form.

The applicant is entitled under the Privacy Act 1991, to have access to and request correction of personal information held by the Club about the applicant.

I acknowledge that I have read the Privacy Statement above and acknowledge that the Club will make enquiries into my suitability as a member and should my application for membership be refused, the Club is not required to supply a reason for that refusal.

I hereby agree to abide by the Constitution of the Club and certify that the information provided on this form is correct. I acknowledge that if I have given any false information, it could result in automatic cancellation and or membership of the Club.

You will be supplied with a provisional card that will be valid for 30 days. Once your membership application has been approved, you will be issued with a membership card.

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

Proposer and Seconder to Complete

We declare that we have been financial members of the Club for at least 12 months. We believe this person to be of good character and worthy of recommendation for membership.

Proposer.....Member No:.....Signed:.....

Proposer.....Member No:.....Signed:.....

APPLICANT TO COMPLETE

These details are for Club use only and will not be displayed

Ordinary	18 to 64yrs	\$40
Senior	65+	\$25
Family	Husband/Wife/ and children up to 17 yrs	\$70

Occupation.....

*EMAIL.....

*PHONE NUMBER.....

*MOBILE NUMBER.....

*DATE OF BIRTH.....

*These fields must be completed

FOR CLUB USE ONLY

Member Number.....

Amount Paid.....

Receipt No.....

Date Received.....