



P.O Box 25-070
St Heliers Bay
Auckland

259 Riddell Rd
Glendowie
Auckland

Phone (09) 575-6613

Membership Application Form

Mr./Mrs./Miss./Ms. Surname _____

First Names _____

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 any false information, it could result in automatic cancellation of my application and / or membership.

Privacy Act 1993

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

The information is required:

- (a) so it and its members, can assess the applicant's suitability for membership
- (b) so it can administer its operation and assist other clubs affiliated with Clubs New Zealand
- (c) to administer theirs.

Payment can be made at the bar or by direct credit to ASB Account 12 3027 0275585 01.
Membership is valid until the 30th June following.

Please circle which class of membership this application is for.

Family	Ordinary	Partner	Associate
\$210.00	\$150.00	\$180.00	\$60.00

Fees are as set at the A.G.M, June of every year.

The year will be divided into quarters for this purpose and the remainder of any full year will only be payable.

1st Qtr Jul-Sep \$150.00 **2nd Qtr** Oct– Dec \$130.00 **3rd Qtr** Jan-Mar \$85.00 **4th Qtr** Apr-Jun \$45.00

I declare that I am of the age of **18 years old** becoming a member of the Churchill Club.

Signature of Applicant:

Date:

Proposer / Seconder Details – must be current Full members- Print your name

Proposed By:

Signature:

Seconded By:

Signature:

For the privacy of the applicant, the section below will not be posted onto the club notice board.

Applicant to complete: Please Print Clearly

Home Address: _____

Date of Birth: _____

Home Phone No: _____

Mobile No: _____

Occupation: _____

Partners Name: _____

Club notices, events, membership information and other important updates are sent to club members through email.

E-Mail address: _____

Associate to complete (if applicable):

Full Name:

Address if different from above:

DOB (must be over 18yrs):

Email:

Family Membership details (if applicable) classified as associates:

Full Name: _____ **DOB (must be over 18yrs):** _____

Full Name: _____ **DOB (must be over 18yrs):** _____

Full Name: _____ **DOB (must be over 18yrs):** _____

Signed by applicant: Date...../...../.....

Committee Approval: Date...../...../.....