



MEMBERSHIP NUMBER:

APPLICATION FOR MEMBERSHIP OF THE TOKOROA CLUB (Inc.)

Title: Mr. / Mrs. / Miss / Ms / Other

Surname

First Name(s)

Are You or Have You Ever Been Known by Any Other Name? YES / NO (Circle)

If YES What?

Mailing Address

Telephone Number Date of Birth Cell Phone No

Has Your Membership Ever Been Declined, Suspended or Revoked from any Club YES / NO (Circle)

IF YES Name of Club and Details

Email Address

The applicant acknowledges that by providing an email address, that they have given permission for The Tokoroa Club Inc to contact them via email about club matters.

The Tokoroa Club Inc **WILL NOT SHARE** your e-mail address with any other person or organisation.

Privacy Act 1993

- The Tokoroa Club Inc is collecting, and will hold the information on this form. The club is collecting the information:
 - so it, and its members, can assess the applicant's suitability for membership(including transfer of membership).
 - so it can administer its operation and assist other clubs that are members of Clubs New Zealand to administer theirs:
 - to enable Clubs NZ or its agent to compile a list of members of all clubs in New Zealand and to send members of those clubs promotional, marketing and other material.
- 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 NZ and other clubs that are members of Clubs NZ.
- The applicant is entitled under the Privacy Act 1993 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 may make enquiries in to my suitability as a member and should my application for membership be refused, the Club is not is not required to supply a reason for that refusal.

I hereby agree to abide by the Rules of the Club and certify that the information I have given above is true and correct.

I acknowledge that if I have given false information, it will result in an automatic cancellation of membership.

I enclose \$20 being the full membership fee for the current financial year.

SIGNATURE OF APPLICANT DATE

INTRODUCED BY: MEMBERSHIP NO:

Please tick the appropriate boxes if you are interested in participating in the activities of the Club's Adjuncts.

- | | | | |
|----------------------------------------|---------------------------------|---------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> CUE SPORTS | <input type="checkbox"/> CARDS | <input type="checkbox"/> EUCHRE | <input type="checkbox"/> DANCING |
| <input type="checkbox"/> DARTS | <input type="checkbox"/> GOLF | <input type="checkbox"/> INDOOR BOWLS | <input type="checkbox"/> FISHING |
| <input type="checkbox"/> OUTDOOR BOWLS | <input type="checkbox"/> WINE | <input type="checkbox"/> TABLE TENNIS | <input type="checkbox"/> MIDWEEK BOWLS
(Indoor Tues/Thurs Afternoon) |
| <input type="checkbox"/> THEATRE | <input type="checkbox"/> TRAVEL | | |

Any other interests

For Office Use Only.

Date Received Receipt No..... Date Accepted/Declined.....

V1 MEMBERSHIP NUMBER