

Maungaturoto Country Club

SPORTS - SOCIAL - CONFERENCE CENTRE

Bickerstaffe Rd PO Box 81 Maungaturoto 0547 T 09 4318 326 F 09 4318 324

Affiliated to Clubs New Zealand www.thecountryclub.co.nz

Application for Membership

(Couples can use one form.)

Surname:First names:

Address:Postcode:.....

Phone: (hm)(wk) Date of birth:.....

Email – essential! Saves your club money & makes communication easy - thanks:

.....

Occupation/s (required by Companies Office)

Affiliated Club (Circle if applicable): Bowls Squash Repertory Equestrian Motocross Rugby

Club History: Have you previously been a member of a Chartered Club: **Yes/No**

If so, why did you cease to be a member.....

Have you ever been refused a Club membership? **Yes / No**

Have you ever been convicted of a crime within the meaning of 'The Crimes Act'? **Yes/No**

Required if you DON'T belong to an affiliated club: We, the undersigned, are financial members of the Maungaturoto Country Club. We know the applicant and recommend them for membership.

Nominated by:M/ship #

Seconded by: M/ship #

Required if you DO belong to an affiliated club:

Name of officer of affiliated club:

Signature of officer of affiliated club:

I certify that the above information is correct. If elected as a member I promise to abide by the rules and constitution of the Club. I understand there is an annual subscription of \$15.

Signature of applicant: Date:/...../20

PRIVACY: The Maungaturoto Country Club agrees to keep your details private; information may be forwarded to Clubs NZ for database recording and membership cards. By providing your email address you agree to receive Club newsletters and occasional notices.

Maungaturoto Country Club, PO Box 81, Maungaturoto 0547

Deposit electronically into: 020 494 0159694 00 (Include your 'surname:sub' in the reference)

FOR OFFICE USE Paid: Yes/No

Club Membership #