

EST. 2016



4 Queen Street, Masterton | C/- P O BOX 671, Masterton 5810

## NOMINATION OF MEMBERSHIP FORM

Surname(s): \_\_\_\_\_

Christian Names: \_\_\_\_\_ Partners Christian Names: \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_ Occupations: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Privacy Act 1993

a. The above named club is collecting, and will hold, the information on this form. The club is collecting this information:

1. So it, and its members, can assess the applicants suitability for membership, (including transfers of membership);
2. So it can administer its operation and assist other clubs that are members of New Zealand Chartered Clubs Incorporated (NZCC) to administer theirs;

b. A copy of this application form will be displayed on the club noticeboard.

c. 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, NZCC and other clubs that are members of the NZCC.

d. 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.

Has your membership ever been declined, suspended or revoked by any other chartered club?  YES  NO

If YES, name the club and relevant details: \_\_\_\_\_

**The Membership Application fee of \$30.00 (refunded if not accepted) is to accompany this application and on acceptance as a member will pay a subscription.**

## DECLARATION

I, the undersigned, agree that if accepted as a member, to abide by the rules and regulations of The Horseshoe Club and that the above information is correct and if not, will result in possible cancellation of membership.

I enclose:  Cheque  Cash for \$ \_\_\_\_\_ Signed \_\_\_\_\_

We, the undersigned declare that to the best of our knowledge and belief the above named is a fit and proper person to be a member of our club.

Proposer: \_\_\_\_\_ Membership No: \_\_\_\_\_ Signed: \_\_\_\_\_

Seconder: \_\_\_\_\_ Membership No: \_\_\_\_\_ Signed: \_\_\_\_\_

## FOR OFFICE USE ONLY

Application Accepted / Declined	Receipt No:
Application No:	Date Accepted:
Membership No(s):	Date Received: