



WAIKATO COMMERCE CLUB (INC)

197 Collingwood Street

P O Box 5762 Frankton Central

Hamilton 3242

Telephone (07) 839 0501

Email: office@wccham.co.nz

MEMBERSHIP APPLICATION FORM

Mr/Mrs/Miss/Ms	SURNAME	FIRST NAMES
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Are you or have you ever been known by another name? YES / NO
If YES, please write the name here in full

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

SIGNATURE OF APPLICANT _____ DATE _____

PROPOSER / SECONDER DETAILS (Must have been FULL financial members for at least one year)

PROPOSED BY (Print Name)	MEMBERSHIP #	SIGNED
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SECONDED BY (Print Name)	MEMBERSHIP #	SIGNED
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SUBSCRIPTION
I enclose the sum of \$ payable to the Club, being full payment of the annual membership fee.

Subscriptions are due for renewal on 1 June each year.

Privacy Act 1993

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

- a. so the Club and its members can assess the applicant's suitability for membership (including transfer of membership)
- b. so it can administer its operation and assist other Clubs affiliated with Clubs NZ to administer theirs.

A copy of the first part of this application form will be displayed on the Club notice board. The applicant acknowledges that by signing this form, he or she has authorised the Club to obtain, check, exchange information with and supply information to members of the Club, Clubs NZ and 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.

APPLICANT TO COMPLETE

ADDRESS	
PHONE Home :	Email
Work :	
Mobile :	Date of Birth:

For Office Use Only	
Date Application Received	Date Accepted / Declined
Subscription Receipt #	MEMBERSHIP NUMBER :