



Levin Cosmopolitan Club Inc

Membership Application

Privacy Act 1993

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

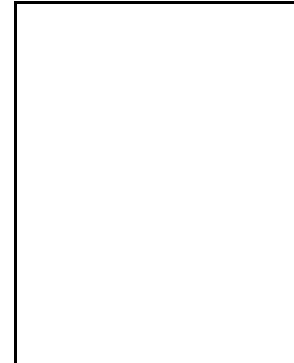
The information is required:

- a. So the Club and its members can assess the applicant's suitability for membership;
- b. So the Club can administer its operation and assist other Clubs affiliated with ClubsNZ to administer theirs.

A copy of the first part of this application form and photograph of the applicant will be displayed on the Club notice board for seven (7) days.

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, ClubsNZ and Clubs that are members of ClubsNZ.

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.



Membership No:

Mr/Mrs/Miss/Ms	SURNAME:	FIRST NAMES:
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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. On acceptance as a member of the Club I will receive an account for the current year's subscription which is to be paid at the office of the Club within 14 days. If payment is not made within this period, my membership becomes invalid.

Signature of applicant:

Date:

PROPOSED BY:	M/Ship No:
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SECONDED BY EXECUTIVE MEMBER:	M/Ship No:
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Which of the following Club activities might you be interested in: -

Golf	Indoor Bowls	Outdoor Bowls
Cue Sports	Darts	Housie
Fishing	Senior Members (over 55)	Clay Target
Line Dancing	Other	

Applicant to complete:

RESIDENTIAL ADDRESS:			
POSTAL ADDRESS:			Postcode
HOME Ph:	MOBILE Ph:		
DATE OF BIRTH:	EMAIL ADDRESS:		
OCCUPATION:			
Emergency Contact Person:			
NAME:		CONTACT PHONE:	

For office use only:

Proof of age provided (18/19 years old)	
Vaccine Pass Sighted:	
Membership No:	Acceptance Date:
RESIDENTIAL ADDRESS:	
POSTAL ADDRESS:	
HOME PH:	
MOBILE PH:	
EMAIL ADDRESS:	
DATE OF BIRTH:	
OCCUPATION:	