

PAPATOETOE COSMOPOLITAN CLUB (INC) MEMBERSHIP APPLICATION FORM

**PLEASE ATTACH
CURRENT
PASSPORT-SIZED
PHOTO HERE**



Cnr Rangitoto & Dunnotar Roads
PO Box 23 041
Papatoetoe
Ph: (09) 278 8109
Email: office@papcossie.co.nz

Surname: _____ Mr/Mrs/Ms
First Names: _____

Known As: _____

Occupation: _____

PRIVACY ACT 1993

1. *The above named club is collecting, and will hold, the information on this form. The Club is collecting information:*
 - a. *so it, and its members, can assess the applicants suitability for membership (including transfers for membership)*
 - b. *so it can administer its operation and assist other Clubs that are members of Clubs NZ to administer theirs*
 - c. *to enable Clubs NZ or its agent to compile a list of members of all Clubs in New Zealand and to send those members promotional, marketing and other material.*
2. *A copy of this application form and photograph of the applicant will be displayed on the Club notice board,*
3. *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*
4. *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 hereby agree to abide by the rules of the Club and certify that the above information is correct. I acknowledge that if I have given false information, it will result in automatic cancellation of membership. I enclose my subscription fee and a recent photograph of myself (passport- style).

Tick here _____ if you do not agree to being sent material described in c above.

(SIGNATURE OF APPLICANT)

(DATE)

Please state interests for joining _____

Address: _____

Phone Home: _____ Phone Bus: _____ Mobile _____

Email Address: _____

DOB: _____

ARE YOU RELATED TO A MEMBER OF THE PAPATOETOE COSMOPOLITAN CLUB? **YES/NO.** IF YES, PLEASE NAME THAT PERSON AND INDICATE RELATIONSHIP:

NAME: _____ RELATIONSHIP: _____

HAVE YOU EVER BEEN A MEMBER OF ANOTHER CHARTERED CLUB? **YES/NO**

IF YES, PLEASE INDICATE WHICH CLUB: _____

HAS YOUR MEMBERSHIP EVER BEEN DECLINED, SUSPENDED, OR REVOKED FROM ANY CLUB? **YES/NO.**

IF YES, NAME OF CLUB AND DETAILS. _____

OFFICE USE ONLY

Sub paid: Yes/No

M'ship No:

Induction date attended:

Date:

Receipt No: