Levin Cosmopolitan Club Inc

Membership Application

Privacy Act 2020

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

- So the Club can administer its operation and assist other Clubs affiliated with ClubsNZ to administer theirs.

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 2020 to have access to, and request correction of, personal information held by the Club about the applicant.

Membership No: **Acceptance Date:**

Mr/Mrs/Miss/Ms	SURNAME:	FIRST NAMES:

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.
I also acknowledge that my information will be entered into the Register of Members and agree to be bound by the Club's constitution, by-laws and policies.

Have you ever been refused or had your membership revoked by any NZ Chartered Club? **Yes** **No**

Signature of applicant: **Date:**

Applicant to complete:

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

For office use only:

Proof of age provided (18/19 years old)	**Partner Name:**
	Partner Member #: