



# MEMBERSHIP APPLICATION

## HORNBY WORKING MEN'S CLUB & MSA INC

17 Carmen Road, Hornby, CHCH, 8042 PO Box 16014, Hornby, CHCH, 8441 Ph: (03) 349 9026

### PERSONAL DETAILS

Title: Mr / Mrs / Miss / Ms / Other \_\_\_\_\_ (please circle)

Last Name: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL HISTORY

Have you ever had your membership of any Club declined, suspended or revoked? Yes  No

Have you ever been convicted of a criminal offence (check your rights on disclosure under the Criminal Records (Clean Slate) Act 2004 before answering). If yes, specify details: Yes  No

### PRIVACY ACT DECLARATION

The Hornby Working Men's Club (the 'Club') is collecting, and will hold, the information on this form. In accordance with the provisions of the Privacy Act 1993 (and its amendments) the applicant is entitled to access and correct the information being held by the Club. The Club is collecting this information to:

- Enable it and its members to assess the Applicant's suitability for membership (including transfers of membership)
  - Administer its operation and assist other affiliated Clubs that are members of Clubs New Zealand ('Clubs NZ') to administer their operations
  - Enable it and Clubs NZ to compile a list of financial members of affiliated Clubs and to send those members promotional, marketing and other material via email, mobile and/or post.
- I confirm I am at least 18 years of age (for persons under the age of 18 years, written permission from a parent/legal guardian must be provided in support of this application).
  - I confirm I agree to abide by the Club's Rules and By Laws, as may be amended from time to time. I acknowledge that if I provide any false or misleading information in this application that my membership may be cancelled.
  - I enclose \$34 being payment for my initial membership fee.

Tick this box if you **DO NOT** wish to receive communications and/or promotional information via email, mobile and/or post.

By signing below I declare that I am aware of, agree to, and fully understand all of the above information.

Signature of Applicant:  \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE ENSURE YOU HAVE RECEIVED A CLUB RULE BOOK**

### OFFICE USE ONLY

ID Type NZ Drivers Passport Other ID # \_\_\_\_\_ Expiry: \_\_/\_\_/\_\_\_\_

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment received: \$ \_\_\_\_\_ Membership #: \_\_\_\_\_