



Remuera Club Inc.
27/33 Ohinerau Street
Remuera Auckland
Phone 09-524 4094

Membership Application Form

The Remuera Club welcomes new members to our relaxed, friendly club, open every day with plenty of parking. Membership gives you - and your spouse or partner - access to all the activities in the Club and members' rates on beverages. Do come in on Wednesday or Friday nights for raffles and the very popular members' cash draw.

Privacy Act 2020.

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

This information is required so it, and its members, can assess the Applicants suitability for membership and the transfers and so it can administer its operation and assist other clubs affiliated to ours to administer theirs.

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

Personal Details:

Mr/Mrs/Miss/Ms	Surname:	First Names:
What name, if different from the above, would you like on your card?		
Spouse member	Surname:	First Names:
Mr/Mrs/Miss/Ms	What name, if different from the above, would you like on your card?	
I/we hereby agree to abide by the rules of the club and certify that the information provided here is correct. I acknowledge that if I have given false information, it could result in automatic cancellation of my application and/or membership. I certify that I have not been suspended nor expelled from another Club.		
Please enclose membership fee with Application - \$120 per financial year July – June or \$10 per month pro rata. Spouse member \$60		
Signature of Applicant:		Date:

Proposer and Seconder details – Please print name

Proposed By:	Membership Number:
I have known the Applicant for _____ years	Signature:
Seconded By:	Membership Number:
I have known the Applicant for _____ years	Signature:

Applicant to complete:

Address:	Occupation:
Postal Code:	Date of birth:
Contact Tel:	Mobile:
Email Address:	<input type="checkbox"/> Please tick if you do not want email from the Club

How did you hear about the Club?

Club Sections: Please circle if interested in playing/attending:

Cricket	Golf	8 Ball
Snooker	Wine Club	Ladies Section
500 Cards	Indoor or Lawn Bowls	Petanque
Date Nomination Received:	Date elected/declined:	
Subscription paid:	Receipt Number:	

Account Number ASB: 12-3011-0604241-00