

Charleston Goldfields Community Club Application For Membership

TITLE (circle one): Dr Mr Mrs Ms Miss

FULL NAME:

DATE OF BIRTH: DD/MM/YYYY

OCCUPATION:

EMAIL:

PHONE:

MOBILE:

ADDRESS:

Have you ever been refused membership or expelled from any chartered club? YES ☐ NO ☐

Have you ever been convicted of any crime? YES ☐ NO ☐

Will you allow your name and address to be supplied to Clubs New Zealand to be included on a national register of members? YES ☐ NO ☐

TERMS AND CONDITIONS OF MEMBERSHIP:

I undertake, if elected, to abide by the rules, bylaws and policies of the Charleston Goldfields Community Club. The full rules, bylaws and relevant policies, including the privacy policy are available on request from the club.

I accept that my application for membership is subject to the registered rules of the Charleston Goldfields Community Club and will be accepted or declined by the Executive Committee. Pending acceptance of my application, I acknowledge that I have the rights and privileges only of a visitor at the discretion of the Executive Committee.

FOR OFFICE USE ONLY:

MEMBER #

DATE RECEIVED:

Membership Type: Junior / Ordinary

AMOUNT PAID:

RECEIPT NUMBER: