Junior Membership Nomination Form

Petone Working Men's Club

Photo to be taken at the Petone Club

Title Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐

Full Name _____

Occupation _____

Nominee to Complete

Yes

☐ Have you ever been refused membership or been expelled from any Chartered Club ?

If Yes please advise the name of the Club and full details on the back of the form

☐ I would like to receive marketing material and other electronic correspondence from the Petone Club

By signing this form I agree to

- Provide written proof of age.
- Pay the non-refundable nomination fee of $10
- Pay the subscription due to my membership expiry date.
- Abide by the Rules and Constitution of the Club

☐ I certify that all the information supplied is true and correct.

Signed _____

Date _____

Parent/Legal Guardian

☐ I approve the nomination of the above person

Name _____

Signed _____

Proposer & Seconder to Complete

We declare that we have been financial members of the club for at least 24 months. We believe this person to be of good character and worthy of recommendation for membership

Proposer's Name _____

Member No _____

Signature _____

Seconder's Name _____

Member No _____

Signature _____

Privacy Act

- I agree for my name and address to be supplied to Clubs NZ, to be included on a national register of members.
- I authorise the Club Executive Committee to make any additional enquiry to establish my suitability as a member of this Club.
- Under the current Privacy Act, I am entitled to have access to, and request correction of personal information held by the club about me.
- I accept that I may be included in photographs taken during club events and these are used for promotional purposes.

Address Details

Your address, phone no and date of birth details are required.
These details will not be dislayed on the membership board.

Address _____

Phone _____ Mobile _____

Email _____ D.O.B _____

Emergency Contact

Name _____

Mobile _____

For Club Use Only

Receipt No _____

Received _____

Entered By _____

Member No _____

Parents No _____

Spouses No _____

As a Vaccine Certificate business all members must provide proof of full vaccination when required