



HAMILTON WORKINGMEN'S CLUB

MEMBERSHIP APPLICATION

I wish to make application for Membership of the Hamilton Workingmen's Club Inc.

TITLE: MR / MRS / MS / MISS Circle appropriate title Please print clearly

SURNAME: FIRST NAMES:

RESIDENTIAL ADDRESS:

POSTAL ADDRESS: POSTCODE:

PHONE: (HOME) (WORK)

MOBILE PHONE: Email:

DATE OF BIRTH: / / OCCUPATION:

CURRENT AND PREVIOUS CLUB MEMBERSHIPS & AFFILIATIONS:

SIGNED: DATE:

PROPOSED BY: (PLEASE PRINT)
(Proposer must have been a financial member for a minimum of 12 months)

SIGNED: DATE: CARD NO:

SECONDED BY: (PLEASE PRINT)
(Seconder must have been a financial member for a minimum of 12 months)

SIGNED: DATE: CARD NO:

7.1 All subscriptions shall be paid yearly in advance.

7.2 The subscription year of the club shall commence on the 31st March in each year and subscription shall be payable within one calendar month of that date.

7.3 New members to the Club will pay the full annual subscription and other fees as from time to time set at each Annual General Meeting regardless of the date of being admitted.

Please provide all details requested on this form. Pursuant to the provisions of the Privacy Act this information is for the sole purpose of maintaining the Hamilton Workingmen's Club Inc. membership list and will not be divulged to any other person without your express permission in writing.

The applicant acknowledges by signing this form that if incorrect information is given, it will result in automatic cancellation of membership.

APPLICATIONS WILL NOT PROCEED UNTIL MEMBERSHIP AND NOMINATION FEES ARE PAID – PHOTO ID MUST BE SIGHTED

		(OFFICE USE ONLY)			
AMOUNT PAID:		SUB	NOM FEE	TOTAL	
ORDINARY	O	\$50.00	+ \$25.00	= \$75.00	CASH <input type="checkbox"/>
PARTNER	P	\$25.00	+ \$25.00	= \$50.00	CHEQUE <input type="checkbox"/>
SNR MEMBER	65+	\$25.00	+ \$25.00	= \$50.00	EFT <input type="checkbox"/>
					CC <input type="checkbox"/>

DATE RECEIVED: ____ / ____ / ____ RECEIPT NUMBER: _____

INPUT ENTERED: REALLOCATED NO: MEMBERSHIP NO: _____

PARTNER OF: _____ PARTNER'S MEMB#: _____ (IF APPLICABLE)

ID TYPE: D/L - GUN LICENCE - PASSPORT - 18+ CARD ID NUMBER: _____
(please circle type of ID sighted)

SIGHTED BY: _____