

# HAMILTON WORKINGMEN'S CLUB INC.

## MEMBERSHIP FORM (Full Year)

PO Box 9429 | Waikato Mail | Hamilton 3240  
 Phone: 07 847 6476 | Fax: 07 846 2682 | Email: hwmc@hwmc.co.nz

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

Ordinary (18 - 64yrs)  \$50 + \$25 Nomination fee = \$75  
 Partner  \$25  
 Senior (65 yrs & over)  \$25 + \$25 Nomination fee = \$50  
 Junior (under 18 yrs)  \$10 (Conditions Apply) Subsection: \_\_\_\_\_

Title: Mr / Mrs / Miss / Ms (circle one) M / F Surname: \_\_\_\_\_  
 First Names: \_\_\_\_\_ DOB: \_\_\_\_\_ ID Sighted   
 Address: \_\_\_\_\_ D/L or Passport: \_\_\_\_\_  
 Postal Address (if different): \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Mobile): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nominators (must be financial members for a minimum of 12 months)

Proposer (print name): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Membership Number: \_\_\_\_\_  
 Seconded (print name): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Membership Number: \_\_\_\_\_

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 ALL FEES ARE PAID - PHOTO ID MUST BE SIGHTED

**NOTE: SUBSCRIPTIONS RULE 7**

- 7.1 All subscriptions shall be paid yearly in advance.
- 7.2 The subscription year of the Club shall commence on the 31st of 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.

Office Use: Paid by Eftpos  Cash  Chq  Date Received: \_\_\_\_\_  
 Partner of: \_\_\_\_\_ Their number: \_\_\_\_\_  
 Processed by: \_\_\_\_\_ Member Number Allocated: \_\_\_\_\_