

Hamilton Cosmopolitan Club Inc.



Applicant to complete (one per person)

Postal Postal Ph Occupation:	Title: Mr Mrs Ms	Miss (circle one)	
Address (Postal): Date of Birth: Occupation: Ph (Work): Ph (Work): Mobile: Have you ever been refused membership or expelled from any chartered club? YES / NO (FES. piezase advise name of Club and full details Have you ever been convicted of any crime within the Crimes Act? YES / NO (FES. piezase advise of data and full details PRIVACY ACT STATEMENT The Hamilton Cosmopolitian Club lac. is collecting and will hold the information on this form. The information is required so that the Club and full details PRIVACY ACT STATEMENT The Hamilton Cosmopolitian Club lac. is collecting and will hold the information on this form. The information is required so that the Club and fish members can asso the applicant's authorised by the collabor delay she that you give the club. Club is not delay information to member the club. Clubs New Zealand and Club satisfication to Clubs New Zealand and Club should the applicant, lacknowledge that the crimal behalf by the Collabor of the Club is not required to supply a reason for that refusal Lacknowledge that he refused, the Club is not required to supply a reason for that refusal Lacknowledge that the crimal propriet on this form is correct. I acknowledge that if I have given any far formation, a could result in automatic cancellation of my applications and or membership of the Club 1. I certify that the above information is correct and understand that any false details will automatically disqualify my membership. 2. I agree to abide by the Rules and By Laws of the Club 3. 1 agree on signing to the serving of a three month probation period where if my conduct is prejudicial to the peace and harmony of the Club or willfull infringement of the Rules or By-laws of the Club I may have my membership rescinded by the Executive of the Club without hearing or appeal. Signed: Date: SUBSCRIPTION FEE IS TO ACCOMPANY THIS APPLICATION PROOF OF AGE IF UNDER 25 YEARS WILL BE REQUIRED. Members Numbers SUBSCRIPTION FEE S80 Ordinary Member Literium Mambars	First Names:	Last Name:	
Postal Part Part	Address		
Ph (Home):	(Postal):		
Have you ever been refused membership or expelled from any chartered club? If YES, please advise name of Cub and full details Have you ever been convicted of any crime within the Crimes Act? YES / NO If YES, please advise of date and full details PRIVACY ACT STATEMENT The Hamilton Cosmopolitan Club Inc. is collecting and will hold the information on this form. The information is required so that the Club and its members can asset the applicant suitability for membership (including transfer of membership). The applicant acknowledge that by signing this form hoshe has authorised the Club to obtain, cheek, exchange information with, and supply information to member the Club club and the club still intended to the Statistical to the Club share access to, and request correction of personal information held by the Club about the applicant. The applicant is citizen is critical, under the Proxey Act 1993, to have access to, and request correction of personal information held by the Club about the applicant. The applicant is citizen in the Club and supply information of membership and the constitution of the Club and certify that the information provided on this form is correct. I acknowledge that if I have given any fainformation, it could result in automatic cancellation of my application and or membership of the Club I certify that the above information is correct and understand that any false details will automatically disqualify my membership. 2. I agree to abide by the Rules and By Laws of the Club 3. I agree on signing to the Rules and By Laws of the Club 3. I agree on signing to the will applicate the Rules of By-laws of the Club I may have my membership rescinded by the Executive of the Club without hearing or appeal. Witnessed By: Name: Date: Subscription Fee: S80 Ordinary Member SUB Junior Member Liverim Mambar	Date of Birth:	Occupation:Email:	
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Witnessed By:	disqualify my me 2. I agree to abide by 3. I agree on signing harmony of the C	above information is correct and understand that any mbership. It was the Rules and By Laws of the Club It to the serving of a three month probation period whe In the Rules or By-laws of the Rules or By-laws of	false details will automatically here if my conduct is prejudicial to the peace and
SUBSCRIPTION FEE IS TO ACCOMPANY THIS APPLICATION PROOF OF AGE IF UNDER 25 YEARS WILL BE REQUIRED. ***********************************	Signed:		Date:
PROOF OF AGE IF UNDER 25 YEARS WILL BE REQUIRED. ***********************************	Witnessed By:	Name:	Date:
Date Received	<u>\$</u>		
Subscription Fee: \$80 Ordinary Member \$20 Junior Member Interim Member	******	**************************************	Y****************************
\$20 Junior Member	Date Received	Received By As	mount Paid Members Number
	Subscription Fee:	\$20 Junior Member	

PO Box 4133 Ph: 07 855 2001 email: theclub@cossie.org.nz Hamilton East Fax: 07 854 7775 website: www.cossie.org.nz

Internet banking: 01-0450-0155544-00