



HAMILTON COSMOPOLITAN CLUB INC.



MEMBERSHIP APPLICATION FORM

Applicant to complete (one per person)

PLEASE USE BLOCK LETTERING

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: _____

First name/s: _____ Last Name _____

Preferred Name: _____ D.O.B: _____ Occupation: _____

Street Address: _____

Suburb: _____ City _____ Post Code: _____

Phone Number _____ Email _____

Have you ever been refused membership or expelled from any chartered club? YES / NO
If YES, please advise name of Club and full details

Have you ever been convicted of any crime within the crimes act?
If YES, please advise name of Club and full details

YES / NO

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 assess the applicant's suitability for membership (including transfer of membership). The applicant acknowledges that by signing this form he/she has authorised the Club to obtain, check, exchange information with, and supply information to members of the Club, Clubs New Zealand and Clubs affiliated to Clubs New Zealand. The applicant is entitled, under the Privacy Act 1993, to have access to, and request correction of personal information held by the Club about the applicant. I acknowledge that I have read the Privacy Statement above, and acknowledge that the Club will make enquiries into my suitability as a member and should my application for membership be refused, the Club is not required to supply a reason for that refusal. I hereby agree to abide by the Constitution of the Club and certify that the information provided on this form is correct. I acknowledge that if I have given any false information, it could result in automatic cancellation of my application and or membership of the Club

APPLICANTS DECLARATION

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. I 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the peace and harmony of the Club or wilful infringement of the Rules or By-laws of the Club I may have my membership rescinded by the Executive of the Club without hearing or appeal.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: _____

Nominated By: _____ Membership # _____ Date: _____

THECLUB@COSSIE.ORG.NZ 07 855 2001 FACEBOOK.COM/HAMILTONCOSMOPOLITANCLUB

INTERNET BANKING: 01-0450-0155544-00 REFERENCE: MEMBERSHIP FEE, NAME

SUBSCRIPTION FEE IS TO ACCOMPANY THIS APPLICATION
PROOF OF AGE IF UNDER 25 YEARS WILL BE REQUIRED.

***** OFFICE USE ONLY *****

Date Received Received By..... Amount Paid Member Number

Subscription Fee: ☐ \$40 Ordinary Member ☐ Card Done
☐ \$20 Junior Member ☐ MailChimp
☐ \$___ Interim Member ☐ Quest