

PALMERSTON NORTH COSMOPOLITAN CLUB

NEW MEMBER APPLICATION FORM

ORDINARY MEMBERSHIP



PLEASE COMPLETE THE APPLICATION IN CAPITALS.

APPLICATION WILL NOT GO THROUGH TO COMMITTEE UNTIL THE APPLICATION IS FULLY COMPLETED.

FIRST NAME: _____ SURNAME: _____ GENDER: _____

DATE OF BIRTH: _____ HOME NUMBER: _____

CELL PHONE NUMBER: _____ WORK NUMBER: _____

EMAIL ADDRESS: _____ OCCUPATION: _____

FULL RESIDENTIAL ADDRESS: _____

PLEASE CHOOSE ONE OF THE FOLLOWING:

SINGLE MEMBERSHIP \$45 DUAL MEMBERSHIP \$37.50 (\$75 TOTAL)

TWO SEPARATE FORMS WILL BE NEEDED FOR NEW DUAL MEMBERSHIPS.

ALL DUAL MEMBERSHIPS, PLEASE STATE YOUR SPOUSE/PARTNER'S NAME: _____

PLEASE CIRCLE YES OR NO

I **HAVE** HAD A CRIMINAL CONVICTION WITHIN THE PAST FIVE YEARS Yes / No

I **HAVE** BEEN REJECTED OR EXPELLED FROM ANOTHER CLUB Yes / No

I **HAVE** BEEN DOUBLE VACCINATED FOR COVID-19 Yes / No

IF ANY FALSE INFORMATION IS SUPPLIED, CANCELLATION OF MEMBERSHIP IS AUTOMATIC

I, THE CANDIDATE FOR MEMBERSHIP, HEREBY CONSENT TO SUCH NOMINATION AND IF I AM ACCEPTED AS A MEMBER OF THE PALMERSTON NORTH COSMOPOLITAN CLUB I AGREE TO ABIDE BY THE RULES OF THE CLUB.

APPLICANT'S SIGNATURE: _____ DATE: ___/___/___

HOW DID YOU HEAR ABOUT THE CLUB?

RADIO NEWSPAPER CLUB MEMBER ATTENDED A FUNCTION OTHER: _____

*WE, THE UNDERSIGNED, BEING FINANCIAL MEMBERS OF THE PALMERSTON NORTH COSMOPOLITAN CLUB **FOR AT LEAST TWO YEARS** HEREBY NOMINATE THE APPLICANT AS A MEMBER OF THE CLUB.*

NAME OF PROPOSER: _____

SIGNATURE OF PROPOSER: _____ CARD NUMBER: _____

NAME OF SECONDER: _____

SIGNATURE OF SECONDER: _____ CARD NUMBER: _____

PALMERSTON NORTH COSMOPOLITAN CLUB, 22 LINTON STREET, PALMERSTON NORTH.

PH: (06) 357 6022 EMAIL: reception@pncosmieclub.co.nz.

OFFICE USE ONLY

RECEIPT NUMBER: _____ AMOUNT RECEIVED: _____ (PAID BY CASH/CHEQUE)

STAFF MEMBER TAKING MEMBERSHIP: _____ DATE RECEIVED: ___/___/___

PHOTO TAKEN ID PHOTOCOPIED & ATTACHED VACCINATION CERTIFICATE SIGHTED