



Whangamata Ocean Sports Club Inc

PO Box 84
Whangamata 3643

Ph: 07 865-8704
Fax: 07 865-8723

admin@oceansports.co.nz

Application for Membership

July 1st – 30th June 2020

please note we do not discount subscription fee if you are joining part way through the year

First Name: *(Principal member)* Surname:

Email address:

First Name: *(Spouse / Partner)*..... Surname:

Email address:

Postal Address:

Phone: *(mobile preferable)*

(Note: Children must be under 18 for family membership)

Child Name 1:DOB..... Child Name 2:.....DOB.....

Child Name 3:DOB..... Child Name 4:.....DOB.....

Boat Name: Launch / Trailer / Yacht / *(circle one)*

Would you like your cards held here for pick up: YES / NO

Interested in: *(circle one)* Fishing Diving Yachting Spearfishing Other:

I declare that the above information is correct and that I have never been expelled or declined membership of any Club. If my nomination is accepted I agree to abide by the Constitution, Rules and Bylaws of the Whangamata Ocean Sports Club Inc.

Attached is payment for: *(please indicate)*

Annual subscription

Single	\$55.00 - \$.....
Double <i>(Couple)</i>	\$100.00 - \$.....
Child <i>(under 18 years)</i>	\$15.00 each - \$.....

BANK DETAILS 02-0472-0175255-003

Application Administration Fee \$ 100.00

TOTAL \$ _____

Signature:

Date:

We certify that the applicant is known to us and is considered a fit and proper person for membership of this Club.

Proposer *(Print)* Signature: Membership No.....

Seconder *(Print)* Signature: Membership No.....

Office Use Only:

Date Received:

Receipt No:

Membership No(s):