

APPLICATION FOR FAMILY MEMBERSHIP

To be completed by the Adult at the head of the family.

Family Name:

Residential Address:

.....

Postal Address:
(if different from residential)

.....

(Home)

Email Address:

(Work)

.....

Do you wish to receive our Email Newsletter?

Yes, send my newsletter to my **home** email.

Yes, send my newsletter to my **work** email.

Business Details: Company Name:

Occupation:

How did you hear about Remuera Rackets Club?

How will you pay your ongoing subscription? (tick one)

Cash / Cheque

EFTPOS

Credit Card

Direct Debit

Office Use Only

Turn over and complete the family member details

Prices		Office Use Only	
Family Membership	\$1380 per year for 2 Adults and 2 Children		
Fitness Centre add on	Extra \$256 per adult		
Extra Child	Extra \$110 per child		
Joining fee	A one-off \$250 processing fee is applicable		
Key Tag Bond	Refundable \$20 per key		
TOTAL DUE:			

Member No's: _____

Adults

Names of Adults	Date of Birth	Sex	Contact Details	Facilities	M/Ship No.	Tag No.
Firstname: _____ Middlename: _____ Surname: _____ / /	<input type="checkbox"/> M <input type="checkbox"/> F	Home: _____ Work: _____ Mobile: _____	<input type="checkbox"/> Tennis <input type="checkbox"/> Squash <input type="checkbox"/> Fitness Centre		
Firstname: _____ Middlename: _____ Surname: _____ / /	<input type="checkbox"/> M <input type="checkbox"/> F	Home: _____ Work: _____ Mobile: _____	<input type="checkbox"/> Tennis <input type="checkbox"/> Squash <input type="checkbox"/> Fitness Centre		

Children

Names of Children	Date of Birth	Sex	Contact Details	Facilities	M/Ship No.	Tag No.
Firstname: _____ Middlename: _____ Surname: _____ / /	<input type="checkbox"/> M <input type="checkbox"/> F	Mobile: _____	<input type="checkbox"/> Tennis <input type="checkbox"/> Squash		
Firstname: _____ Middlename: _____ Surname: _____ / /	<input type="checkbox"/> M <input type="checkbox"/> F	Mobile: _____	<input type="checkbox"/> Tennis <input type="checkbox"/> Squash		
Firstname: _____ Middlename: _____ Surname: _____ / /	<input type="checkbox"/> M <input type="checkbox"/> F	Mobile: _____	<input type="checkbox"/> Tennis <input type="checkbox"/> Squash		
Firstname: _____ Middlename: _____ Surname: _____ / /	<input type="checkbox"/> M <input type="checkbox"/> F	Mobile: _____	<input type="checkbox"/> Tennis <input type="checkbox"/> Squash		

PRIVACY ACT 1993

It is acknowledged by the Applicant that:

1. The information contained in this application is being collected for the purpose of assessing this application for admission to Remuera Rackets Club ("the Club") and, if this application is successful, for the administration of the Club and maintenance of its records of past, present and future.
2. The Club is authorised to disclose the information in this application to associated bodies being Auckland Tennis Inc, Auckland Squash Inc and the respective national organisations being New Zealand Tennis and New Zealand Squash (called "associated bodies").
3. Any of the associated bodies holding the information in this application may use that information for the purposes of any activities which that body is accustomed to undertake from time to time.
4. We are aware of our rights under the Privacy Act 1993; to have access to the information and to request correction of the information and to be informed of action taken in response to any such request and/or to request that there be attached to the information a statement which we can supply to the Club relating to the fact that we have requested a correction.
5. Any information disclosed to the Club may be provided to affiliated bodies under section 7 (4) of the Privacy Act 1993.
6. The Club has as one of its primary purposes the promotion and organisation of sporting activities and shall be entitled to obtain such information about any individual as may be necessary to achieve this purpose and to disclose information obtained during the course of a member's participation in such activity.

I herewith and hereby apply for membership of the Remuera Rackets Club in the category nominated above and on acceptance, agree to abide by the rules of the Club. I understand that upon acceptance I shall be liable for any subscription applicable to my membership at that time, and will remain liable for the payment of ongoing Annual Subscriptions until such time as my membership is terminated in accordance with the Rules of the Club.

Signed by Applicant:	Date:/...../.....
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Return this form and your payment to:

Membership, Remuera Rackets Club, P.O. Box 74 368, Market Road, Auckland

Office Use Only	
Staff name:	<input type="checkbox"/> Payment <input type="checkbox"/> Hawkeye <input type="checkbox"/> Court Booking <input type="checkbox"/> Doors <input type="checkbox"/> Welcome pack
Notes:	