

COLLEGE RIFLES BADMINTON CLUB

APPLICATION FOR MEMBERSHIP

The Secretary
College Rifles Badminton Club
PO Box 87-447
Meadowbank, 5.

Office Hours:
Monday, Wednesday, Friday
10a.m. - 2p.m.
Ph/fax 524 4285 (office)
Ph: 520 6625 (club)

SURNAME.....

FIRST NAME.....MIDDLE INITIAL.....Mr/Mrs/Miss/MS

ADDRESS.....

.....

OCCUPATION.....E-mail.....

Ph No.....Fax No.....Work No.....

DATE OF BIRTH.....(intermediates only)

PREVIOUS BADMINTON EXPERIENCE.....

ESTIMATE OF GRADING.....

I HEREBY APPLY TO JOIN THE COLLEGE RIFLES BADMINTON CLUB AS A:

- * Senior Member
- * Casual Member
- * Ladies Day Member
- * Combined Ladies Day & Senior Member
- * Intermediate Member
- * Honorary Member

Circle the appropriate membership category. See "Classes of Membership" for full Subscription details.

NOTES

All members obtaining a card for the first time will be required to pay \$10-00 (non refundable)
I consent to the collection of the above contact details for the purpose of registered player records by the Club and the NZBA. (Your home phone number plus your first and surname could be included in a College Rifles Club book for all members). This consent is given in accordance with the Privacy Act 1993.

Signature _____ Dated _____

Office Use Only

Date:.....Membership Type: S C CL W J I H S/W

Subscription paid:..... Card Cost:.....

Initial Deposit on Card \$ Card No.