

**COLLEGE RIFLES BADMINTON CLUB**

**APPLICATION FOR MEMBERSHIP**

The Secretary  
College Rifles Badminton Club  
PO Box 87-447  
Meadowbank, 1742.

Office Hours:  
Monday, Wednesday, Friday  
10a.m. - 3p.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.....Work No.....Mobile No.....

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

PREVIOUS BADMINTON EXPERIENCE.....

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

- \* Premium Member
- \* Standard Member
- \* Mid Week Premium Member
- \* Mid Week Standard Member
- \* Honorary Member
- \* Intermediate Member
- \* Non Peak 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) Any refund of balance on card must be claimed within 3 months of membership expiring.

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 2020.

Signature\_\_\_\_\_Dated\_\_\_\_\_

How I heard about the club: Website Advertising ABA Friend  
If paying by Direct Credit our Bank account details are as follows  
ASB 123086-0159277-00 – please use your name as the reference