

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: 524 4285

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 | * Honorary Member |
| * Standard Member | * Intermediate Member |
| * Mid Week Premium Member | * Non Peak member |
| * Mid Week Standard 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 \$12-00
(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