COLLEGE RIFLES BADMINTON CLUB

APPLICATION FOR MEMBERSHIP

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

Office Hours:
Monday,Wednesday,Friday
9a.m. - 2p.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
* Standard Member
* Midweek Premium Member
* Midweek 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 $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. This consent is given in accordance with the Privacy Act 2020. You also confirm you are joining the club for the purpose of playing badminton and agree to abide by all club rules (available via the club website).

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