



Rebus Club of Hibiscus Coast

Membership Application form

*I hereby apply for membership of the above named Club and if elected, agree to abide by the Rules of the Club.
I further undertake to pay the annual subscription of \$25 (or part thereof) and a Joining Fee of \$20, upon the Committee's acceptance of my application.*

Please return this completed form to the Membership Convener, or scan and email it to the Secretary at hibiscusrebus@gmail.com

SURNAME _____ GIVEN NAMES _____

PREFERRED CLUB NAME _____ DATE OF BIRTH (Optional) _____ / _____

WIFE or PARTNER'S NAME _____ *Surname please - if different from yours* _____

HOME PHONE _____ MOBILE _____

EMAIL _____

HOME ADDRESS _____ Post Code _____

CURRENT OCCUPATION _____

IF RETIRED, FORMER OCCUPATION _____

NEXT OF KIN (*other than Spouse* for emergency use): Name _____

Relationship? _____ Landline Phone _____ Mobile _____

OTHER PERSONAL DETAILS

Professional qualifications _____

Military Service _____

Computer Skills _____

Sporting Interests _____

Any special areas of expertise _____

Have you been or are you a member of any Rebus/Probus or Rotary Club? _____

I consent to my name, address and other contact details being included in a Directory of Members to be distributed within the Rebus Club of Hibiscus Coast. None of my personal information contained herein shall be made available or disclosed to any other person or organization outside the NZ Rebus movement without my expressed consent.

SIGNATURE OF APPLICANT _____ Date _____

PROPOSED BY (Print) _____ (Signature) _____

SECONDED BY (Print) _____ (Signature) _____

Club Records:

Date of Committee approval _____ / _____ / _____ Date inducted _____ / _____ / _____