



REBUS CLUB OF HIBISCUS COAST

WHANGAPARAOA

Membership Application Form

I hereby apply for membership of the above-named Club and, if accepted, agree to abide by the Rules of the Club. I further undertake to pay the annual subscription of \$25 (or part thereof) and joining fee of \$20 upon Committee acceptance of my application.

SURNAME _____ GIVEN NAMES _____

PREFERRED CLUB NAME _____ DATE OF BIRTH ____ / ____ / ____

WIFE or PARTNER's NAME _____ *Surname (if different from yours)* _____

MOBILE PHONE _____ HOME PHONE _____

EMAIL _____ @ _____

HOME ADDRESS _____ POST CODE _____

CURRENT OCCUPATION _____

IF RETIRED, FORMER OCCUPATION _____

NEXT OF KIN (*other than spouse*) for emergency use _____

RELATIONSHIP _____ MOBILE PHONE _____ HOME _____

Other Personal Details (*please complete this section as fully as possible*)

Any professional qualifications _____

Computer skills _____

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 organisation 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** ____ / ____ / ____

Please return this form to the Secretary by email at hibiscusrebus@gmail.com