

Aorangi Ski Club Inc

P O Box 1945
Wellington



Application for Membership

Applicant to complete this section:

Name:	Surname:	Date of Birth:
Partner Name:	Surname:	Date of Birth:
Address:		
Phone:	Email:	Email 2:
Occupation/Skills:		
Child Name:	Date of Birth:	
Child Name	Date of Birth:	
Child Name	Date of Birth:	
Child Name	Date of Birth:	

Nominator and seconder to complete this Section (May be Work Party Trip Leader)

We confirm that we personally know the Applicant and support this application for membership to the Aorangi Ski Club Inc	
Nominator:	Signed:
Seconder:	Signed:

Trip Leader to Complete this Section:

Work Parties Completed (x2)		
Date	Lodge	Name and Signature of Trip Leader

Declaration:

I wish to be considered for Membership of Aorangi Ski Club Inc. If accepted for membership by the Club I agree to the follows:

- To pay the applicable fees, on time, and
- To abide by the Constitution and Rules of the Aorangi Ski Club Inc.
- If work parties cannot be carried out in the current season I will complete them the following work party season *
- I attach a copy of my drivers licence or passport as identification

Signed: _____ Date: _____

* If work party requirement is incomplete before winter, keep a copy of this form to be signed off the following season.

Privacy Act:

This information is collected and stored by Aorangi Ski Club Inc for membership purposes. Your application may not be processed if it is not supplied. It will not be divulged to third parties. You may request to view and correct your personal information held by the club.