



Aorangi Ski Club Inc

PO Box 1945
Wellington

APPLICATION FOR MEMBERSHIP

Applicant to complete this section.

Address:.....
 Phone:(Day)(Night) Fax Email address

Surname:.....First Names:.....

Spouse/Partner Surname:.....First Names:

Name of Child:.....Date of Birth:.....

Name of Child:.....Date of Birth:.....

Name of Child:.....Date of Birth:.....

Name of Child:.....Date of Birth:.....

Skills and / or
 Occupation:.....

Nominator 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:..... Second:.....

Signed:..... Signed:.....

Trip Leader to complete this section.

Date	Lodge	Name & Signature of Trip Leader
1st Work Party.....		
2nd Work Party.....		

Declaration (Applicant to sign)

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

- to pay the applicable fees, 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 *
- In the event that I do not complete the requisite Work Parties to the satisfaction of the Committee, I shall not be entitled to a refund of any monies paid.

Signed Date

*** If Work Party requirement is incomplete before winter, sign a COPY of this declaration and return with deposit.**

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.