



NOMINATION FOR MEMBERSHIP FORM

Hamilton Tramping Club PO Box 19-296 Hamilton 3244 info@tramphtc.org.nz

I hereby apply to become a member of the HAMILTON TRAMPING CLUB INC and if admitted, agree to comply with the club rules, which are available on the Club's website.

Category (please select): Ordinary/Family/Student/Associate member. Refer to website for category descriptions.

Name:

For family membership application, names of partner and children to be included.

.....

Postal address:

Contact Details:

Mobile: Day: Evening:

Email:

I agree to my details being shared between club members and with club activity related organisations for the purpose of organising club activities.

I agree to pay a subscription of \$..... within a month of my application being accepted and the full annual subscription thereafter.

The annual subscription is currently \$35 for individuals and families, \$20 for associates and students and runs from the 1st April to the 31st March. It is reduced to 2/3 after August 1st and 1/3 after December 1st.

Payments can be made by cash or on-line to account number 03-0318-0717044-00. Please enter your name and 'Subs' in the reference fields.

Applicant(s) (sign) (date)

Proposed by (sign) (name)

Seconded by (sign) (name).....

OFFICE USE ONLY

Application received (date)..... Committee approval (date).....

Subscription paid (date)..... Amount: \$.....

Approval to Applicant (date)..... Sent by: