



# Whangamata Ocean Sports Club Inc

PO Box 84  
Whangamata 3643

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admin@oceansports.co.nz

## Application for Membership

**July 1<sup>st</sup> – 30<sup>th</sup> June 2022**

**please note we do not discount subscription fee if you are joining part way through the year**

First Name: *(Principal member)* ..... Surname: .....

Email address: .....

First Name: *(Spouse / Partner)*..... Surname: .....

Email address: .....

Postal Address: .....

Phone: *(mobile preferable)* .....

***(Note: Children must be under 18 years of age)***

Child Name 1: .....DOB..... Child Name 2:.....DOB.....

Child Name 3: .....DOB..... Child Name 4:.....DOB.....

Boat Name: ..... Launch / Trailer / Yacht / *(circle one)*

### Would you like your cards held here for pick up: YES / NO

I declare that the above information is correct and that I have never been expelled or declined membership of any Club. If my nomination is accepted, I agree to abide by the Constitution, Rules and Bylaws of the Whangamata Ocean Sports Club Inc.

Attached is payment for: *(please indicate)*

#### **Annual subscription**

Single	\$65.00 - \$.....
Double <i>(Couple)</i>	\$120.00 - \$.....
Child <i>(under 18 years)</i>	\$20.00 each - \$.....

**BANK DETAILS 02-0472-0175255-003**

**Application Administration Fee \$ 100.00**

**TOTAL \$ \_\_\_\_\_**

Signature: .....

Date: .....

We wish to make you aware that as a member of the Whangamata Ocean Sports Club you are affiliated with the New Zealand Sports Fishing Council (NZSFC) and the International Game Fishing Association (IGFA).

As such you have the added benefits of visiting some of the best Clubs not just in this country but overseas as well. A portion of your membership fees is paid to the NZSFC and the IGFA every year, totalling over \$70,000 from the Club to these umbrella organisations.

*We certify that the applicant is known to us and is considered a fit and proper person for membership of this Club.*

Proposer *(Print)* ..... Signature: ..... Membership No.....

Secunder *(Print)* ..... Signature: ..... Membership No.....

Office Use Only:

Date Received:

Receipt No:

Membership No(s):