

## Franklin Club Inc

7 East Street | PO Box 42 Pukekohe Phone 09 238 9465 | Fax 09 238 2455 Email: manager@franklinclub.co.nz

## **APPLICATION FOR MEMBERSHIP**

NAME					MR / MRS / MISS / MI	
ADDRESS						
PHONE NUMBERS	НОМЕ			WC	WORK	
	MOBILE					
EMAIL ADDRESS						
	Email address will b	e used for ne	wsletters a	& updates of upco	ming events	
OCCUPATION	DATE OF BIRTH / /					
	e all the Rules & Re e not bound to giv	egulations o	f the Clu	b and acknowled	n Club Inc and if elected dge that in the event of non te family members.	
PLEASE NOTE: Sons and	Daughters must be	over 18 years	of age &	under 25 years to a	qualify for family membership.	
NAME	DATE OF BIRTH	OCCUPA	TION	PHONE NUMBER	EMAIL ADDRESS (if different)	
	/ /					
	/ /					
	/ /					
	1 1					
HOW DID YOU HEAR A Location Soci Signage Othe	al Media	se circle one Newspaper		nd/Family	Mailer Web Search	
PROPOSED MEMBER T	O SIGN				DATE / /	
We the undersigned me	embers hereby nom	inate the abo	ove name	ed for membership	of the Franklin Club Inc.	
PROPOSER TO SIGN				ı	MEMBERSHIP NUMBER	
PRINT NAME						
SECONDER TO SIGN				ı	MEMBERSHIP NUMBER	
PRINT NAME						
MEMBERSHIP FEES MU YEAR PASSED, PLEASE			_		ARY DURING THE TIME OF THE R THE AMOUNT DUE.	
PLEASE CARRY YOUR REQUIREMENT OF OUI		D WITH YOU	J AT ALL T	IMES WHEN ON C	CLUB PREMISES, THIS IS A LEGAL	
Office use only						
Membership Number/s:			Amount Paid: P/E		P/E Date:	
Authorised By:			Signed:			