



Taranaki Alpine Club (Inc.) Membership Application

**The Hon. Secretary
Taranaki Alpine Club
PO Box 356
New Plymouth**

Date: _____

Dear Madam

We the undersigned club members hereby nominate the under mentioned for membership of the Taranaki Alpine Club (Inc.)

Name(s) _____ **D.O.B.** _____
_____ *If under 18*

Address _____

Landline _____

Mobile _____

Email _____

Skills _____

I would like to help out on club Open Climb events

Nominated _____ **Signed** _____

Seconded _____ **Signed** _____

Personal Information Privacy

The Taranaki Alpine Club holds information about its members, but this information is only accessible to members of the Executive Committee and is only used for Club purposes.

Membership (tick one)

- Family \$ 60
Ordinary \$ 40
Student \$ 30

Payment due on application (tick one)

- Post a cheque with your completed application to the above address
Or
 Pay account 15-3942-0007023-00 using your name as the reference

Prices valid to 01/03/2014

NB For new membership nomination after 1st September the subscription is half the annual rate

Applicant signature _____

I hereby accept nomination for membership of the Taranaki Alpine Club