

APPLICATION FOR MEMBERSHIP

(Complete one form for each person over 17 years of	age).
I	(Senior Club Member) nominate the following for
membership of Tauwira Ski Club (Inc.):	
SURNAME:	Birth Date: (If under 20)
CHRISTIAN NAME/S:	Occupation:
E-Mail:	Address:
Phone: Mobile	
Home	
Children included in Application:	
<u>Name</u> :	Birth Date:
Nominating Club Member's Signature:	
Applicant's Signature:	
Seconding Club Member's Signature:	
Committee Use Only Registered by the Committee at a meeting dated:	
Working Party / Lodge Weekends Completed	
Date: Accomp	anied by:
Date: Accomp (Weekends to be completed no more than two years p	anied by:prior to committee approval)
Membership approved by Committee at meeting dated	d:
Membership number:	