

THE NETWORK.... not your ordinary tri club

Membership Application Form

Member Name: _____

Address: _____

Email: _____

Telephone: Landline _____ Mobile _____

Gender: Male _____ Female _____ Date of Birth: _____

Membership Type: Full \$40: _____ Social \$30: _____ Junior \$20: _____

Emergency Contact Person: _____

Emergency Contact Person Phone Number: _____

Are you a registered First Aider: Yes: _____ No: _____

Membership Terms

As a member you agree to abide by the rules ("Rules") of The Network Club Incorporated ("The Network").

Your Network membership year runs from 1 October to 30 September and will automatically roll over each year. You may terminate your membership at any time by giving the Network notice in writing but we may only terminate your membership in accordance with the Rules.

We may make additions or amendments to these membership terms at any time, on the giving of reasonable notice, where we consider it necessary to do so, in our sole discretion.

You authorise The Network to send you emails and information from time to time concerning its activities and events and to disclose to appropriate third parties your personal information for the purposes of administering, promoting and running the Network.

The Club is committed to ensuring best practice in respect of Health & Safety around organised Club activities. Any other training and/or events organised by the members themselves will be deemed social and as such outside of our scope of responsibility.

Agreed to and accepted by: _____ Signature of Member Date: _____	Accepted as member by: _____ Signature of an Executive of the Network Date: _____
---	--

All membership fees to be paid into the Network's BNZ bank account: 02-0192-0143005-00. Please ensure you use your name as reference for your payment.

Please return this form when signed either by email to chris@thenetworkclub.co.nz or by post to The Secretary, The Network Club Inc., 5, O'Neills Avenue, Takapuna, Auckland 0622