

Waikato Outdoor Society



PO Box 619
Hamilton

Application for Membership

I/We wish to apply for membership of the Waikato Outdoor Society Incorporated.

Surname: Forenames:

Date of Birth: Occupation:

Married, Defacto, Single, Divorced, Widow(er).

Postal Address:

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Contact Details: Tel Res:..... Tel bus.....

FAX: Email:.....

Do you live more than 80kms from the Society's grounds: Yes / No

Are you currently a member of another NZNF Club. Yes / No.

Partner Details:

Surname: Forenames:

Date of Birth: Occupation:

Married, Defacto, Single, Divorced, Widow(er).

Postal Address:

(if different from above)

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Children under 18 years:

Names &

Date of birth:

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What are the skills that you enjoy doing the most?

We agree to abide by the Rules of the Waikato Outdoor Society Incorporated. Please sign and return to: the Secretary, PO Box 619, Hamilton

Signature _____
(Applicant)

Signature _____
(Partner)

Date Received:

Date Accepted: