



May 12, 2020

**MEMBERSHIP RENEWAL FORM**

Dear Valued Member,

As you may be aware, the Papakura Club is coming to the end of its financial year and it is now time to request members to renew their membership for this coming financial year.

At the Executive Committee meeting of the 17th October 2016, it was unanimously agreed to increase the annual subscription to \$70.00 per person or \$40.00 for those aged 60yrs and over. This will provide membership **from 1<sup>st</sup> July 2020 until 30<sup>th</sup> June 2021**. For our records, and to ensure the smooth transition of your Club Membership, could you please fill out the slip below and return with your payment at your earliest convenience.

Please note RULE 11.4 in the club constitution reads as follows:  
Any subscription unpaid by 1<sup>st</sup> October each year shall be treated as per rule 8.2.

Rule 8.2 reads as follows:

Failure to pay subscription. Any member who fails to pay the Annual Subscription Fee, as set by the Board of Directors in Rule **11.1** by the 1<sup>st</sup> October shall be removed from the **list of members** and the **membership number may** be reallocated. **Any member removed may re-apply for membership in** accordance with rules **7.1 through 7.3 covering** nomination for membership acceptance and objection.

If you do not wish to renew your subscription, please inform our office at your earliest convenience.

We hope that you have enjoyed the facilities over the past year and will continue to utilise these in the new financial year.

We look forward to seeing you in the Club and continue to value your membership at the Papakura Club.

Please fill out the details below and return with your subscription fee \$70.00 or \$40.00 or you can pay online or at your nearest Westpac Branch.

Name..... Membership No.....

Address.....

Phone Home (.....)..... Work (.....).....

Mobile (.....).....

**Email Address..... Date of Birth.....**

Name Of Account: THE PAPAKURA CLUB INC. Account No: 03 -0399-0788812-00  
(Please make sure to include for reference your name and membership number and please indicate whether you would like your card mailed to your address.)

Request for card to be mailed to the above address: (tick the appropriate box) Yes  No   
If you do not tick a box your card will remain in the Office for collection.

Office Use

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Date Received:

Receipt No:

Entered:

