ALEXANDRAPARK
Home of the Auckland Trotting Club

Auckland Trotting Club Incorporated

NOMINATION FOR MEMBERSHIP

Name (in full) Surname _____

First name/s _____

Date of Birth _____

Address _____

_____

_____

Home Phone _____ Fax _____

Business Phone _____ Fax _____

Mobile Phone _____

E-mail _____ URL _____

Occupation _____

Company/Firm (if applicable) _____

I agree to the above nomination _____
(signature of prospective member)

Proposer _____ _____
(Must be a current Member) PRINTED NAME SIGNATURE

Seconder _____ _____
(Must be a current Member) PRINTED NAME SIGNATURE

CEO _____ Date _____
SIGNATURE

Privacy Act Statement - This form collects information about the prospective member. The information is collected to enable ATC to consider and decide on the nomination. If any of the information requested is not provided, the nomination may not be considered. If membership is granted, the information collected will be retained by ATC and use for purposes of ATC's general administration, provision of facilities and member benefits and for ATC to communicate with the member as ATC considers required or appropriate. The member will have the right to access and, if required, correct the information held by ATC about the member.