

New Zealand Naturists

The Secretary,
PO Box 619, Waikato Mail Centre, Hamilton, 3240®



APPLICATION FOR MEMBERSHIP

(Please PRINT clearly) Applicant:

Partner:

Title	Mr Mrs Miss Ms Dr (other)	Mr Mrs Miss Ms Dr (other)
First names		
Preferred name		
Surname		
Date and place of birth		
Home Address		
Post Code		
Post notices to (if other than home address)		
Email address		
Home phone		
Occupation		

How did you become aware of the 'New Zealand Naturists'?

Web page	Newsletter	From a Member	'gonatural' magazine	Other (please state)
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Have you ever been a member of a naturist club?

YES / NO

Name(s) of previous club(s) and date(s):

May we publish your surname in the NZ Naturists Newsletter?

YES / NO

The quarterly contact list is strictly confidential and distributed only to those who choose to be included on the list. Do you wish your contact details to be included on the contact list?

YES / NO

May we telephone you?

YES / NO

Amount enclosed: \$

Cheques payable to 'New Zealand Naturists'

DECLARATION

1. I/We wish to become member(s) of the New Zealand Naturists. If accepted I/we undertake to abide by the rules and bylaws of the group and will do nothing which might bring disrepute on the group or it's ideals. If this application is declined, I/we agree that no reason need be given.
2. I/We authorise the New Zealand Naturists Secretary to obtain confidential references from any naturist club, if this is considered necessary.
3. I/we agree to provide the personal information above and accept that the purposes for which it is required (stated overleaf) are valid.
4. I/we authorise the New Zealand Naturists Secretary to forward relevant personal information to the NZ Naturist Federation for entry into the central membership database.
5. A photocopy of my/our international passport or current drivers licence are enclosed (for photo ID purposes only – see note 1 next page).

Signed (Applicant) _____ (Partner) _____

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Date ___/___/_____

Note: Failure to sign this declaration may result in this application being declined.

Post the completed form, including photocopies of passport or drivers licence, (see note 1 next page) and cheque to: The Secretary, PO Box 619, Waikato Mail Centre, Hamilton 3240.

PRIVACY ACT 1993

In accordance with information Privacy Principle 3 of the Privacy Act 1993, the purposes for which the New Zealand Naturists requires the information on the front side of this application form are as follows:

Item	Purpose
Full Names **	To identify the applicant(s).
Title(s) **	To enable us to address applicant(s) correctly
Date of birth **	To enable us to be aware of the composition of the group.
Place of birth	Required for the INF sticker.
Home Address **	Usual address for 'gonatural' magazine, newsletters and notices.
Notices to	Refer above (Home Address) – this is an alternative address for notices etc.
Email address	If available, can ensure early receipt of newsletter and urgent notices.
Home phone	So that applicant(s) can be advised by telephone of any 'short notice' social events. We provide for the situation where a member does NOT wish to be telephoned.
Occupation	As a member run organisation, it helps to know what skills are available within the membership.
Surname use	You have the option of keeping your surname private from other members.

How did you become aware of the New Zealand Naturists
Helps us with our future marketing.

Have you been a naturist club member before. We may need to obtain confidential references from your previous club(s).

NOTES:

1. The information, which you have given, will be kept strictly confidential and available only to NZNF Officers and the New Zealand Naturists Secretary.
2. Information noted above with ** asterisks will be stored on the NZNF central database so that an International Naturist Federation (INF) sticker, which confirms affiliation to the INF, can be issued.
3. You may at any time request that the information you have given for the group or Federation records be changed.

OFFICE USE.			Date Records Entered	Record Nos
New Rejoined	Accepted Declined	Date / /		
Subscription:	Amount	Receipt No	Central ID No	