

# LEVIN WAIOPEHU TRAMPING CLUB INC.

PO Box 479  
Levin 5540

## Membership Details Form

*Note: Full Application and One year's subs payments required with application*

### Member Details

*(Please include all family details if this is a family membership application or complete individual forms if for separate adult membership)*

Name (in Full)	_____	Date Of Birth	_____
Name (in Full)	_____	Date Of Birth	_____
Name (in Full)	_____	Date Of Birth	_____
Name (in Full)	_____	Date Of Birth	_____
Name (in Full)	_____	Date Of Birth	_____

Mail Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different) \_\_\_\_\_

Ph Home	_____	Ph Work	_____
Ph Home	_____	Fax Work	_____
Email Home	_____	Email Work	_____

Skills *(Please indicate any skills (professional or handyperson) that you could offer to help maintain our clubrooms, ski lodge or tramping huts in good condition, or could offer as a service to the club)*

\_\_\_\_\_

\_\_\_\_\_

Predominant interest: (please circle): *skiing, tramping*

### Membership Criteria

Proposed by	_____	Seconded by	_____
(Print Name)	_____	(Print Name)	_____

Trip 1	_____	Trip 2	_____
Trip Leader	_____	Trip Leader	_____

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### For Committee Use only:

Date Elected	_____	Chairperson	_____
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Amount of J/F	_____	Invoice Sent	_____
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Payment R'ced	_____
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