

FREE BEACHES NZ Inc.

Affiliated to the New Zealand Naturist Federation **Membership Application Form**

P.O.Box 20-295, Bishopdale, Christchurch 8543

| I/we hereby apply for membership – full name(s): | | (Please print all details) | |
|---|--|------------------------------|--|
| Applicant: | | _ Occupation: | |
| Partner: | | Occupation: | |
| ADDRESS: | | | |
| Phone: | Mobile: | E-mail: | |
| Date(s) of Birth: App | olicant:// | Partner:/ | _/ |
| Children: Name: | D.O.B. // | Name: | D.O.B // |
| Under 18 that could accompa | ny you) | | |
| Are you a current member of a lf yes , please specify: | a NZ Naturist club? Yes No (tick on | | newsletter by: post/email (circle one) |
| 0140590-00 | n of \$ is enclosed Alterruple and \$35 for a single application | | o: Free Beaches NZ 38-9014- |
| Do you wish to be incluinterest (circle) yes/n | uded in the next "contact list" v | when it is next printed? Ple | · |
| I/we have read and co Beaches NZ Inc. | onsent to be member(s) of Free | Beaches NZ Inc. and agre | ee to abide by the rules of Free |
| Signature applicant: | Partner: | Date:/_ | / |

In compliance with the Privacy Act 2020 – Free Beaches NZ Inc. uses the information above for the purposes specified below. You might request a copy of your personal information anytime. Apart from the items in the contact list, the information supplied on this form will only be available to Officers of the Club's Committee. You may request that your supplied information be changed at any time.