



## **Membership Enrolment Form**

### **Personal contact details:**

Surname: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Cell Phone: \_\_\_\_\_

### **Support Person(S):**

Relationship: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Nominated Doctor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Likes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dislikes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sociability:** Please list the skills that the member has strengths in (e.g. how confident in meeting new people).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any skills that the member would like to improve (e.g. how to make a date with a friend).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Goals:** Are there any specific activities that the member would like to participate in.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Further Information**

### **New Zealand UP Club Annual Fees**

UP Club is a charitable Trust, therefore to assist with the ongoing organisation of UP Club, we ask that members pay a sum of \$100 subs annually to be invoiced and received in July each year.

### **Photo consent**

At most sessions of UP Club we take photos of members doing whatever activity is on that evening. We often use these in newsletters every 3 months, as well as putting some of the UP Club website for members to view. We may also use them for other UP Club advertising (leaflets, information to organisations providing funding).

I agree/disagree to photos of \_\_\_\_\_ (Members name)

Taken at UP Club to be used/not used for the above purposes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **UP Club Policies and Procedures**

UP Club has a number of policies and procedures that need to be read and agreed to on membership enrolment:

- Complaint Policy
- Civil Defence Emergency Evacuation Policy
- Attendance Policy

**I have read and understand all of the above policies Yes/no**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**