



Kapiti Woodworkers Guild Inc.

21a Rangihiroa Street,
Waikanae Beach,
Waikanae 5036

Application for Membership

Name: _____

Address: _____

Post Code: _____

Telephone: _____ Mobile: _____

Email: _____

Partner's first name: _____

I wish to become a member of Kapiti Woodworkers Guild and give my consent for the details given above to be included in the Guild's membership records and used by the Guild in its activities.

Applicant Signature: _____ Date: _____

Nominated by (Name & Signature): _____

Seconded by (Name & Signature): _____

Approved on: _____

Privacy Act

Members are advised that the Kapiti Woodworkers Guild compiles a full list of members for the use of the members as they participate in Guild activities or business. No membership list will be released without full approval of the Committee and will not be released unless there are clear benefits to the Guild.

After Completion

Please, mail this form to the above address, hand to the Treasurer, or email to treasurer@kwwg.org.nz