

REBUS NZ INCORPORATED

APPLICATION FOR AFFILIATION

NOTE: After completion, please scan and email to <u>admin@rebus.nz</u>

We, the	(please clearly print the new name to be used for your Club)	
	hereby apply for Affiliation with REBUS NZ Incorporated.	
Our Clu	b, at a duly convened meeting held on the	/
Passed	a Motion, A: to disaffiliate from FNZI or PSPL (if applicable)	Tick ()
Passed	a Motion, B: to seek full affiliation with REBUS NZ Incorporated,	Tick ()
Passed	a Motion, C: to adopt the REBUS NZ Inc's Constitution for affiliated Clubs.	Tick ()
Passed :	a Motion D, to adopt the Rebus recommended By-laws (amended if necessary)	Tick ()
Club co	ntact details:	
Secreta	ry's namePhone ()	
Secreta	ry's email address@@	
Preside	nt's namePhone. ()	
Preside	nt's email address@@	
Treasur	er's Name	
Treasur	er's email address@@	
Club's p	ostal address	
	Area Cod	le
Please co	omplete the following:	
*	Our Club currently has Total Total	
*	We confirm having direct credited Rebus NZ Incorporated's Account No 12 3084 000993	7 00 for Affiliation levies
	based on members at \$2.75 per member. (This rate is current for the2024/2025 year but may be subject to	
	change in later years)	
	I affirm that the information provided above is correct and that I am authorised to apply for Affiliation on behalf of the above Club.	
Name	PositionDate	/