



**NEW ZEALAND**

**PROBUS CENTRE RECORDS & DIRECTORY UPDATE 2008 – 2009**

**PLEASE PRINT CLEARLY**

FULL CLUB NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DISTRICT \_\_\_\_\_

CLUB NUMBER: \_\_\_\_\_

CLUB GENDER (male, female or combined): \_\_\_\_\_

CLUB POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

NUMBER OF MEMBERS (include Life & Honorary): \_\_\_\_\_

TIME OF MEETING: \_\_\_\_\_ DAY: \_\_\_\_\_ WEEK: \_\_\_\_\_

MEETING VENUE: \_\_\_\_\_

PRESIDENT (first name & surname): \_\_\_\_\_

TELEPHONE (include area code): \_\_\_\_\_

EMAIL (not for publication in Directory): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

Do you wish your home address to be listed in the directory? **Yes/No** (please circle)

SECRETARY (first name & surname): \_\_\_\_\_

TELEPHONE (include area code): \_\_\_\_\_

EMAIL (not for publication in the Directory): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

Do you wish your home address to be listed in the directory? **Yes/No** (please circle)

**NOT FOR PUBLICATION IN THE DIRECTORY**

TOURS OFFICER (first name & surname): _____ _____
TELEPHONE NUMBER (include area code): _____
EMAIL: _____
ADDRESS: _____ _____ POSTCODE: _____

Probus Liaison Officer – Email access required. The aim is to have information emailed to the club officer for broadcast to members at club meetings and through the club bulletin/newsletter. It is hoped this method will expedite communications between clubs and PCSP for important announcements or special offers. This access does not affect or usurp the normal communication between the club secretary and PCSP.

**NOT FOR PUBLICATION IN THE DIRECTORY**

PROBUS LIAISON OFFICER (first name & surname): _____ _____
TELEPHONE NUMBER (include area code): _____
EMAIL: _____

**This information will be used in accordance with PCSP Inc. Privacy Policy.**

# STATISTICAL INFORMATION

Only for use by Probus Centre – South Pacific Inc. and Rotary in the development of Probus clubs.

**PLEASE PRINT CLEARLY**

FULL CLUB NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CLUB NUMBER: \_\_\_\_\_

ROTARY DISTRICT NUMBER:

CLUB GENDER (male, female or combined): \_\_\_\_\_

CLUB WEBSITE (if applicable): \_\_\_\_\_

NUMBER OF YEARS THE CLUB HAS BEEN ACCREDITED? \_\_\_\_\_

MEMBERSHIP CEILING OF CLUB (if any): \_\_\_\_\_

IS THERE A NEED FOR ANOTHER CLUB IN YOUR AREA? **YES**  **NO**

DOES YOUR CLUB HAVE A WAITING LIST (if so, how many)? \_\_\_\_\_

WHAT ARE YOUR MEMBER COSTS?

a) JOINING FEE: \_\_\_\_\_

b) ANNUAL SUBSCRIPTION FEE: \_\_\_\_\_

IS YOUR CLUB A MEMBER OF AN ASSOCIATION? **YES**  **NO**

IF SO, WHAT IS THE ANNUAL FEE? \_\_\_\_\_

IS YOUR CLUB ASSOCIATED WITH AN INTEREST GROUP? **YES**  **NO**

## COMBINED CLUBS ONLY

DOES YOUR CLUB HAVE A GENDER BALANCE? **YES**  **NO**

IF SO, WHAT IS THE PERCENTAGE BALANCE?

**MALE**  %

**FEMALE**  %

**Thank you for your co-operation in providing this information.**

The information provided on this form shall be used by the Probus Centre – South Pacific Inc. in accordance with Privacy legislation.