

Current Committee Members



Club Name	
Licensee	
Licence Number	
Licence Expiry	
Address	
Contact Phone Number	
Contact Email	
Date Form Completed	
Licensee Signature	

Please list all current Committee Members

Name
Residential Address
Contact Number
Contact Email
Position
Date of Appointment

Name
Residential Address
Contact Number
Contact Email
Position
Date of Appointment

Name
Residential Address
Contact Number
Contact Email
Position
Date of Appointment

Name
Residential Address
Contact Number
Contact Email
Position
Date of Appointment

Club Name

Name

Residential Address

Contact Number

Contact Email

Position

Date of Appointment

Name

Residential Address

Contact Number

Contact Email

Position

Date of Appointment

Name

Residential Address

Contact Number

Contact Email

Position

Date of Appointment

Name

Residential Address

Contact Number

Contact Email

Position

Date of Appointment

Name

Residential Address

Contact Number

Contact Email

Position

Date of Appointment

Forward a copy of this completed form to the below:
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Post: The Secretary, District Licensing, Private Bag 7, Tokoroa, Attn: DLC Secretary

Email: info@southwaikato.govt.nz
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