

2026 REGISTRATION FORM

Lloyd Elsmore Park Badminton Club (Senior Division)

www.lloydelmorebadminton.co.nz
www.facebook.com/LEPBC

New Member ☐ Returning ☐ Club Played Last Season (If New) ☐ Roster Board Duty Discount: ☐

Mandatory. All new and returning members need to complete this section.

First Name		Last Name	
Known As		Email	
Phone	09 _____	Mobile	02__ - _____

Mandatory. All new and returning members need to complete this section. (Tick One)

Age	18 – 34 <input type="checkbox"/> 35+ <input type="checkbox"/> 50+ <input type="checkbox"/> 60+ <input type="checkbox"/>
Gender	Woman <input type="checkbox"/> Man <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary/Non-conforming <input type="checkbox"/> Prefer not to respond <input type="checkbox"/>
Ethnicity	European <input type="checkbox"/> Pacific People <input type="checkbox"/> Māori <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Latin American <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/> (_____) Prefer not to respond <input type="checkbox"/>

Mandatory. All new and returning members need to complete this section. (Tick One)

Member Subscription	FULL Year (Feb–Jan)	HALF Year (Feb–July/August–Jan)	Bank Account Details
Note: Sign-Up or Renew Senior Club FULL Year Membership BY 28th Feb 2026 to receive \$10 Early Bird Discount.	1 night / week \$385 <input type="checkbox"/>	1 night / week \$320 <input type="checkbox"/>	Bank: BNZ
	2 nights / week \$495 <input type="checkbox"/>	2 nights / week \$400 <input type="checkbox"/>	Account name: Lloyd Elsmore Park Badminton Club
	3 nights / week \$635 <input type="checkbox"/>	3 nights / week \$485 <input type="checkbox"/>	Account no.: 02-0208-0276487-000
			Particulars: Name Code: Surname
			Reference: Phone no
Select Preferred Club Nights	Tuesday <input type="checkbox"/> Thursday <input type="checkbox"/> Sunday <input type="checkbox"/>	Grade**	
		Fee Payable	\$

INTERCLUB & GRADING

* Selection to play in an Interclub team will be at the discretion of the LEPBC (Senior Division) Interclub Selection Committee. Assessment is based on trial results, previous interclub performance and one's ability to play in a team representing the club in a creditable manner. You will be required to sign a form agreeing to conditions of trial and playing. **Interclub fees are in addition to club membership fees and must be paid in advance.**

** Grading for play on club nights will be at the discretion of the LEPBC Grading Committee and you would potentially undergo trial.

PERSONAL INFORMATION NOTICE.

Your personal information is collected in accordance with the Privacy Act 2020 for the purpose of enabling you to participate in the activities of the Lloyd Elsmore Park Badminton Club ("Club") and any activities arranged by the Auckland Badminton Association and the New Zealand Badminton Federation (together, "Regulatory Bodies") you may register for from time to time. You may access or correct your personal information held by the Club by contacting the Club Secretary. The Club will share your personal information with the Regulatory Bodies only to the extent necessary to record your membership of the Club or facilitate your involvement in activities arranged by the Regulatory Bodies.

☐ I consent to the collection and use of my personal information for the purposes described in this membership form.

☐ I hereby apply for membership/membership renewal of the Lloyd Elsmore Park Badminton Club and to register with the Auckland Badminton Association (ABA). I agree to abide by the laws of the game, playing rules of the Club and the ABA. I will in no way hold the Club responsible for any injury or mishap that may occur in the course of play at the Club. I acknowledge the membership fee is non-refundable should I cancel my membership with the Club.

Member Signature		Date	___/___/2026
Received by		Date	___/___/2026

(TO BE FILLED IN BY CLUB BOARD DUTY PERSON)

Lloyd Elsmore Park Badminton Club		www.lloydelmorebadminton.co.nz	
Full Name		GST No.: 15-976-875 (Valid as tax invoice when paid)	
Received by		Amount (GST inclusive)	\$
Approved by		Date	___/___/2026