



APPLICATION FOR FUNDING

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M: 021 876 081
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A: 99 Douglas Street, Timaru

APPLICANT SECTION / ADJUNCT: _____

ADDRESS: _____

CITY / TOWN: _____ CONTACT NAME: _____

CONTACT PHONE: _____ MOBILE: _____

MEMBERSHIP #: _____ DATE: _____

APPLICATION DETAILS:

REQUESTED VALUE: _____ PURPOSE: _____
DETAILS:

Declaration;

I, the undersigned, declare that all the information contained within this application is to the best of my knowledge, true and correct and further declare that no granted proceeds will be utilised, in any form, for the purchase of alcohol or any other prohibited goods or services.

Signed: _____ Date: _____

