

Waikanae Golf Club Membership Application



Post to: PO Box 59, Waikanae or Email to: waikanae@golf.co.nz
Phone: (04) 293 6399 www.waikanaegolfclub.co.nz

Please use BLOCK letters to complete the application form in Blue/Black Pen

1. Your Name

Mr Mrs Miss Ms Other

First Name/s

Surname

Preferred Name

2. Your date of birth

3. Occupation

4. Your address

Street Number/Street Name

Suburb

Town/City

Post Code

5. Your contact details

Phone - Business

Mobile

Home

Email (please print clearly)

6. Your current golf club membership

Name of golf club (if any)

Membership No.

Handicap index

7. Would you want your handicap transferred to this club? Yes No

8. Other golf club memberships

9. Do you have any family or friends that are members of this club? If so, please provide their names

10. Please tick which membership you are interested in:

Full Playing 18 Hole 9 Hole Intermediate Junior Country Summer Non playing

See the website for the current fees: www.waikanaegolfclub.co.nz/members-information/membership-fees

11. Who is proposing you for membership?

12. Who is seconding you for membership?

Name

Membership No.

13. Declaration

I declare that the information on this form is true and correct. I agree to the Club using this information and to make any further enquiries it deems necessary. I agree to conform to all rules and bylaws of the Club. I agree to observe the standards of dress both on and off the course and to observe course etiquette requirements. I consent to the publication of my name and telephone number in the Club Programme each year and the collection and display on the NZGA website of information concerning my golf scoring records as set out in the NZGA Privacy Act.

14. Please sign & date here



OFFICE USE:

Paid: \$

Receipt No.

Date:

Membership Card / Bag Tag issued: