

APPLICATION FOR MEMBERSHIP

The General Manager
Whangamata Golf Club Incorporated
PO Box 146
Whangamata
Telephone: 07 865 8479

Email: whangamata@golf.co.nz
Web: www.whangamatagolf.net.nz
Fax: 07 865 8303

I wish to apply for membership of your Golf Club. In doing so, I agree to abide by the rules and etiquette of golf in general and the rules of the Whangamata Golf Club. I understand that if I leave the Club, I remain liable for any outstanding debts at the date of my resignation. I have read and fully understand the criteria and privileges of membership as detailed on the reverse of this application. My payment for the subscription due is enclosed.

INTERNET BANKING - BNZ Waihi - 02-0472-0020544-00

I am seeking a membership of the following type (Please tick the appropriate box and complete the details below)

Membership year runs from 1 October 2011 to 30 September 2012
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Tick

18 HOLE FULL PLAYING MEMBER	\$720.00	FP	<input type="checkbox"/>
18 HOLE FULL PLAYING VET MEMBER	\$520.00	V	<input type="checkbox"/>
9 HOLE FULL PLAYING MEMBER	\$510.00	NINE	<input type="checkbox"/>
COUNTRY MEMBER AFFILIATED TO WHANGAMATA	\$525.00	CMA	<input type="checkbox"/>
COUNTRY MEMBER	\$470.00	CM	<input type="checkbox"/>
SUMMER MEMBER (DAYLIGHT SAVING PERIOD)	\$385.00	SUM	<input type="checkbox"/>
JUNIOR MEMBER	\$100.00	JM	<input type="checkbox"/>
JUNIOR MEMBER COUNTRY	\$100.00	JMC	<input type="checkbox"/>
TERTIARY STUDENT	\$155.00	TS	<input type="checkbox"/>
TERTIARY STUDENT COUNTRY	\$155.00	TSC	<input type="checkbox"/>
SCHOOL CHILD WHANGAMATA	\$50.00	SCW	<input type="checkbox"/>
SOCIAL MEMBER	\$50.00	SO	<input type="checkbox"/>

Previous/Other Club	Member ID	Handicap
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Surname		First Names	
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Gender	M	F	Birth Date	
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Postal Address	
Post Code	

Bus Ph	
Fax	
Mobile	
Home Ph	

Email	
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Signature	
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Date	
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Office Use Only

Receipt No.

Cash-Cheque-Eftpos

Club ID No