



WAITEMATA GOLF CLUB INC.

Phone 4458716 Fax 4458718

waitemata@golf.co.nz

APPLICATION FOR MEMBERSHIP

Please print clearly

Mr. / Mrs. / Ms / Miss

Date.....

Surname..... Given Name.....

Address.....

Phone Business..... Mobile Fax.....

Phone Home e mail

Occupation

DO YOU BELONG TO ANOTHER CLUB? **Y / N** Previous Clubs ID (7digit no.).....

Do you wish to have Waitemata as your Home Club? **Y / N**

Nominator Name Club ID

Seconder Name Club ID

Membership Category requested: (Please circle one)

- Full Playing (Seven Day)
- Weekday (Monday to Friday only)
- Six Day (Sunday to Friday only)
- Nine Hole Ladies (Tuesday 8.30 to 10.00am competition day)
- School / Junior (Sunday 8.30 to 9.30am competition day)

In accordance with the Privacy Act 1993, I hereby give consent for my name, address and telephone numbers to be included in the membership list published in the Club's Programme Book, and displayed on the Clubhouse Notice Board from time to time. I also agree to abide by the standard of dress code, as published at the course and in the Club Rules.

It is understood that the subscription dues will be payable on acceptance of membership, and the applicant agrees to familiarize themselves with, and abide by all Club rules. I have enclosed an Entrance Fee of \$300.00, which I understand will be refunded in full if my application is unsuccessful for whatever reason.

APPLICANT'S SIGNATURE.....

Office use only:

Date approved..... By.....Member #.....