

WHAKATANE GOLF CLUB INC

APPLICATION FOR MEMBERSHIP

Membership Number Allocated 485 \_\_\_\_\_ Date: .....

Partner Membership Number 485 \_\_\_\_\_

Name of Applicant: (Mr.) (Mrs.) (Ms) (Miss).....

Address: Private.....

.....Phone.....

Postal Address (If different from above).....

.....Mobile.....Business.....

E-Mail Address.....

Age Category: >23 - 30☐, >30 - 45☐, >45 - 60☐, >60 - 75☐, >75☐

DOB..... (If under 23 please state DOB)

Occupation of Applicant.....

Class of Membership: Full Playing ☐ – Country ☐ – 9 Hole ☐ – Junior ☐ Non Playing ☐

Term of Membership:

Full ☐ Summer (6 Mths) ☐ 3 Months ☐ Junior Intro ☐ Other ☐

Period of Membership requested \_\_\_\_\_ To \_\_\_\_\_

Amount Payable \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_

Any Special Conditions: \_\_\_\_\_

Details of Previous Golf Club Membership (if applicable):

Name of Club:.....I.D. No:.....H/Index.....

Date of terminating Membership:..... If not resigned then authority for us to request resignation is required. Please request resignation from club ☐

I hereby certify that I am free from any financial obligations to any other Golf Club and undertake to abide by the rules and By-laws of the Whakatane Golf Club Inc if accepted into Membership.

Signature of Applicant.....

Proposed by .....

Seconded by.....

NB All Membership applications are subject to final approval by the Whakatane Golf Committee

Whakatane Golf Club PO Box 20 Whakatane Tel 07-308 8117 Fax 07-308 0247 Email: whakatane@golf.co.nz Website: www.whakatane-golf.com