

Wainuiomata Golf Club Inc.

P O Box 42 011
Homedale
Wellington 6330
New Zealand



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Website: www.wainuigolf.co.nz

APPLICATION FOR MEMBERSHIP

Surname:	_____	Mr / Mrs / Miss / Ms
First Names:	_____	Preferred First Name: _____
Home Street Address:	_____	
Suburb/City:	_____	Date of Birth: _____
Postal Address:	_____	
(If different from Street Address)		

Occupation:	_____	Employer:	_____
Telephone No. Business:	_____	Fax:	_____
		Mobile:	_____
Telephone No. Home:	_____	E-mail:	_____
Name of present Club:	_____	Current Handicap:	_____
Do you know your Club/Member ID from your previous Club?:	_____		

CODE	CATEGORY (circle category required)	CODE	CATEGORY
01	Full Playing Member	19	Winter Member
07	Full Playing Member – combined	41	Intermediate– 18 to 22 years old
10	Summer Member	45	Junior – At High School
11	Mid Week Member	20	Ladies 9 Hole golf
16	Mid Week Member – combined		

I hereby apply for membership and also, subject to my selection, agree to abide by the Rules of the Wainuiomata Golf Club Inc. I understand that my name and phone number and Handicap Index will be displayed within the Wainuiomata Golf Club premises and for registration purposes in order to receive the NZ Golf Association official Golf Club magazine. My name and Handicap Index will also appear on the New Zealand Golf Association web-site. I reserve the right to access any of my personal information held by the Club and have the right to request corrections.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY						
Membership #	_____	Subs Invoiced \$	_____ + Joining Fee \$	_____	Total \$	_____
AP:	Y / N	Receipt Number:	_____	Amount Paid:\$	_____	
Date Board Approved:	_____	Membership Package Given:	_____	Entered :	_____	