

## Waiuku Golf and Squash Club Golf Membership Application Form

Male / Female

	(First Name)	(Surname)			
Address:					
City:		Postcode:			
D O B:		-			
Home Ph:		Mobile no. :			
Email:					
Where you a member of another Club?					
Club Name:		Member for:			
Membership Categories Annual Subscriptions					
Full Playing Senior - \$770.00 (Automatic payments of \$15 p/w on full membership, incurs a one-off payment of \$50 admin fee – non-refundable)					
Full Playir	ng Couple \$1324.00	Nine Hole \$3	85.00		
and the second s					
Part Time (No Club Co	\$620.00 pmpetitions-May play 7 days, Saturday after	Associate	10.00		
(No Club Co Half Sub I	ompetitions-May play 7 days, Saturday afte	Associate \$3 er 12pm) (Predominately plays at own club)	10.00 <b>°</b> 50.00 etitions)		

## Please Read carefully and sign below to Accept

I give permission for NZ Golf Association to record my scoring record on the public website www.golf.co.nz. As a member of the Waiuku Golf and Squash Club, I hereby agree to abide by all the rules and regulations regarding on the course or in the club room facilities. I also agree that payment for all subscriptions are paid upon invoicing and/or I put in place a payment schedule of sufficient amounts to ensure subs are paid.

Please anyone wishing to cancel their membership, must give one months' notice, preferably by email.

Payment can be made by direct credit to our bank account: 12 3052 0154072 02						
Signature:		Date:				
OFFICE USE ONLY						
Card issued:	Membership No:		Date:			
DotGolf:		Xero:				
Comments:		Payment Details:				
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