

WAIMAKAKIKI GURGE GULF CLUB MEMBERSHIP FURIM									
			APPLICANT INFORM	ATION					
FIRST NAME			SURNAME						
ADDRESS									
TOWN			PHONE	PHONE					
POSTCODE			DATE OF BI	DATE OF BIRTH (REQUIRED)					
EMAIL									
MEMBERSHIP TYPE (2023 RATES)									
FULL \$490			JUNIOR PS	JUNIOR PS \$50 JUNIOR SS \$100					
ASSOCIATE \$400			LEARNER IN	LEARNER INTRODUCTORY (MAX 3 YEARS) \$100					
9 HOLE \$400			SOCIAL \$50	SOCIAL \$50					
FULL TIME STUDENT \$260			VIRTUAL \$1	VIRTUAL \$100					
SUMMER \$250			WINTER \$3	WINTER \$365					
SUBSCRIPTION AMOUNT BEING PAID \$									
PAYMENT NOTES									
*Payment to be made with application by either eftpos at the club or direct credit to									
Waimakariri Gorge Golf Club account no 02 0876 0017085 00 (Please use your name as the reference).									
*If you pay by direct credit please email confirmation to membership@waimakgolf.nz									
*Application form can be scanned and emailed to: membership@waimakgolf.nz									
			GOLFING HISTO	RY					
Do you still belong to another NZ affiliated Golf Club?									
IF YES:	NAME OF CLUB								
CURRENT GOLF ID NUMBER									
	CURRENT HANDICAP INDEX								
WHICH CLUB WOULD YOU PREFER AS YOUR HOME CLUB?									
IF NO:									
	APPROXIMATELY HOW LONG AGO?								
	CLUB NAME & NUMBER (IF KNOWN)								
	WHAT WAS YOUR LAST OFFICIAL HANDICAP INDEX?								
NOTES									
* This application should be submitted with the appropriate joining fee.									
* The applicant agrees to abide by the club rules at all times.									
* The applicant understands that their membership only becomes effective after it has been									
agreed by the club.									
* Membership cards will be issued after agreement and should be carried at all times while at the club.									
* Membership cards must be shown on request. Failure to do so may result in you being asked to leave									
or pay full green fees.									
* All details will only be used for club purposes as agreed by the management committee.									
* By signing this application, I agree to the above terms and conditions.									
SIGNATURE									
Signature	of Applicant		5.5	Date					
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OFFICE USE ONLY									
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RENEWAL									
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