



www.peninsula.golf.co.nz

APPLICATION FOR MEMBERSHIP

Name in full (Mr./Mrs./Ms./Miss).....
First Name Last Name

Address:..... e-mail Address:.....

Phone:..... Fax:..... Mobile:..... Bus Phone:.....

Occupation:..... Employer:.....

Place of Birth: Date of Birth:..... New Zealand Resident: Yes / No

Skills/hobbies:.....

Previous Golf Club/s..... H/Cap.....

If not New Zealand born:

Proof of Residency: (Attach documentation) Referee: Phone:.....
Person who knows you well

Membership Category: Full Playing Six Day Man 9 Hole Junior

APPLICATION PERIOD (14 DAYS)

I acknowledge that my application for membership of the Peninsula Golf Club Inc. is subject to the decision of the Board of Management and successful application will incur the cost of the Club's associated fees.

I agree to abide by the Rules and by-laws of the Club and the decisions of the Board of Management.

Disclosure under Privacy Act 1993

I consent to my personal details such as my name and telephone number being included in the Club's, Annual programme and circulated to other members.

Signed: Date:

Fees: \$

NB. Subscriptions will be invoiced annually. Late payment may be subject to an extra fee. The refunding of playing subscriptions, for any reason, is not Club Policy.

We, the undersigned Proposer and Seconded acknowledges that we are full playing members of the Club, and have been for 2 or more years, we undertake to introduce the applicant into the Club and acknowledge our responsibility to ensure that the applicant becomes familiar with the Club's rules and regulations.

Proposed by:.....(#) Seconded by(#)
Print Full Name Memb. No. Print Full Name Memb. No.
Relationship to applicant Relationship to applicant

PLEASE COMPLETE APPLICATION FORM AND RETURN TO BOX 21, OREWA