

New Membership Application Form



# Whangaparaoa Golf Club Inc.

The Secretary/Manager, PO Box 274 Whangaparaoa  
 Phone 424 5441 - e-mail whangaparaoa@golf.co.nz

Mr/Mrs/Miss/Ms							
Address							
Home Phone		Work Phone			Mobile		
Email Address							
Membership category applied for		Full Playing	Nine Hole	Junior		Associate	Winter Special
I am currently / have been a member of							Golf Club
Slope Id						Handicap to be held	Whangaparaoa / Other Club
Date of Birth					Thank you for providing your date of birth. This information is to be used in funding applications		
Are you a New Zealand citizen or permanent resident?		Yes	No	Country of origin			
Signed				Date			
<p>In the event of my being accepted as a member of the Whangaparaoa Golf Club Inc I hereby undertake to observe the Rules, Regulations and by laws of the Club. I also give my consent to my name, address and phone number being available to Incorporated Societies or provided to sponsors and printed in the annual programme book. All applications for membership will be submitted to the next Management Committee meeting for consideration.</p> <p>The Committee has the right to accept or decline any application.</p>							
Proposed By		Membership ID		Phone			
<p>NB: The proposer of the application must be a current full member of Whangaparaoa Golf Club for more than two years and who has known the applicant for a similar time</p>							
Seconded by		Membership ID		Phone			
If the applicant is not known to a member of the Whangaparaoa Golf Club referee details are required.							
Referee		Relationship		Phone			
Applicant advised	Selection Rep A	Decision within	Candidate inform	Election complete	Starter pack sent	Payment received	