



**Chisholm Park**  
Dunedin New Zealand

**Chisholm Park Golf Club Inc  
APPLICATION FOR MEMBERSHIP**

**I hereby apply for membership of the above Club and agree to abide  
by all rules and regulations.**

**Membership type:** (Please tick)

<b>Full</b>	<input type="checkbox"/>	<b>U/30 Full*</b>	<input type="checkbox"/>	<b>Student</b>	<input type="checkbox"/>	<b>Weekday</b>	<input type="checkbox"/>	<b>9 Hole</b>	<input type="checkbox"/>	<b>Junior*</b>	<input type="checkbox"/>
<b>Seasonal</b>	<input type="checkbox"/>										

\* Date of Birth required

<b>Men's Section</b>	<input type="checkbox"/>	<b>Women's Midweek Section</b>	<input type="checkbox"/>	<b>Women's Weekend Section</b>	<input type="checkbox"/>
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Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Nominated By:	Name: _____	Signed: _____
Secoded By:	Name: _____	Signed: _____

Member of a previous club? Yes No

Name of Club: \_\_\_\_\_ Membership ID number: \_\_\_\_\_ Handicap: \_\_\_\_\_

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_**

**Club Use:**

	Signed	Date
Application Received by Board Secretary		
Application Received by Section Secretary		
Provisional acceptance & account sent		
Subscription received – membership cards sent		
Handicap ID Number		
Full acceptance notification sent		