

CHRISTCHURCH GOLF CLUB

P O Box 27-044 Christchurch

Telephone: (03) 385 9506

2017 APPLICATION FOR MEMBERSHIP

Email:

accounts@christchurchgolf.co.nz

APPLICANT INFORMATION

Surname:

Christian Names:

Preferred Name:

Street address:

Suburb:

City:

Postcode:

Phone:

Cellphone:

Email address:

Date of birth:

EMPLOYMENT INFORMATION

Occupation:

Place of Work:

Phone:

MEMBERSHIP CATEGORY (Please circle) NOTE: Fees include GST but exclude NZ & Canterbury Golf Levies.

Full Playing Man: \$ 2,150

Full Playing Woman: \$ 1,650

Mid-Week Man: \$ 1,650

Six-Day Man: \$ 1,900

NZ Country: \$ 980

Overseas: \$ 980

Nine-Hole: \$ 930

Junior: \$ 525

Introductory: \$ 930

OTHER MEMBERSHIPS

Name of other Golf Club:

Other Golf Club membership number:

Current handicap index:

Do you wish Christchurch Golf Club to be your Home Club for handicapping?

Yes No (Please circle)

REFERENCES

(MEMBERS OF THE CHRISTCHURCH GOLF CLUB)

Proposed by:

Signature:

Address:

Membership No:

Proposed by:

Signature:

Address:

Membership No:

SIGNATURE

If elected I Agree to abide by the Rules of the Club.

Disclosure under the Privacy Act 1993.

I accept that personal details such as name, addresses and telephone numbers will be included on membership lists which may be displayed at the Clubhouse and/ or circulated to other members.

Signature of applicant:

Date:

OFFICE USE ONLY

Received:

Class

MEMBER NO.

Board:

Invoice

MEMBERSHIP

Approved:

Letter

LEVIES

Letter Proposer

TOTAL