

CHRISTCHURCH GOLF CLUB

P O Box 27-044 Christchurch

Telephone: (03) 385 9506

2019 APPLICATION FOR MEMBERSHIP

Email:

accounts@christchurchgolf.co.nz

APPLICANT INFORMATION

Last Name:

First Names:

Preferred Name:

Street address:

Suburb:

City:

Postcode:

Phone:

Cellphone:

Email address:

Date of birth:

EMPLOYMENT INFORMATION

Occupation:

Employer:

Phone:

MEMBERSHIP CATEGORY (Please circle) NOTE: Fees include GST but exclude applicable levies (\$170)

Entrance Fee: \$750 – 18 Hole / \$375 – 9 Hole

7-day:	\$ 2,215	6-Day	\$ 1,965	5-Day	\$ 1,715
Nine-Hole:	\$ 1,110	Country or Overseas	\$ 1,010	Introductory:	\$ 960
Student	\$ 805	Junior:	\$300/\$200/\$140	Social:	\$ 93

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:

Seconded by:

Signature:

Address:

Membership No:

SIGNATURE

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

Disclosure under the Privacy Act 1993:

I understand that my name and address will be stated on a list of applicants for membership which will be displayed in the locker rooms and I give my permission for this to occur.

Signature of applicant:

Date:

OFFICE USE ONLY

Received:

Category

Subscription

Board:

Invoice

Entrance Fee

Approved:

Membership No.

Levies

Total