



MEMBERSHIP CATEGORY
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**APPLICANT DECLARATION**

I hereby apply for admission as a member of the Howick Golf Club. Membership is for a term of 12 months and then renewed for subsequent terms on 12 months, unless notice is given to the contrary. I understand that my membership is for a 12 month term for the applicable category and paid in full or in instalments the full 12 month fee is payable. I acknowledge that should I cancel my membership for whatever reason prior to the end of the current term, I will still be liable for the full payment thereof. I undertake that if accepted I will comply with the Clubs Rules and Constitution, and those of any affiliated Body. I give consent to my name, address, telephone number and additional information being used by the club in a Membership list which may be printed in the annual report given to the Incorporated Societies Association or other Body that is necessary or generally used by the club

I declare the following particulars regarding myself/or child is correct:

**PLEASE PRINT IN BLOCK CAPITALS**

FULL NAME: \_\_\_\_\_ MALE  FEMALE

ADDRESS: \_\_\_\_\_

POSTAL ADDRESS (if different): \_\_\_\_\_

TEL: (H) \_\_\_\_\_ TEL: (W) \_\_\_\_\_ TEL: (M) \_\_\_\_\_

EMAIL: \_\_\_\_\_ D.O.B: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

How did you find us? Website  Social Media  Club Member  Advertising  please specify: \_\_\_\_\_

**MEMBERSHIP CATEGORY APPLIED FOR:** FULL PLAYING  9 HOLE  COLT  FLEXI  JUNIOR

CURRENT / PREVIOUS CLUB MEMBERSHIP NUMBER (IF APPLICABLE): \_\_\_\_\_

NOMINATED HOME CLUB IF DUAL MEMBER: \_\_\_\_\_

The annual subscription fee for the 12 month period ends \_\_\_\_\_ 20 \_\_\_\_\_ is \$ \_\_\_\_\_

(Indicate which is applicable) **PAYING:** **IN FULL**  **INSTALMENTS**  (T's&C's APPLY)

PAYMENT IN INSTALMENTS DOES INCUR ADDITIONAL FEES.  
FOR INSTALMENT OPTION PLEASE COMPLETE:

UPFRONT PAYMENT DIRECT TO HOWICK GOLF CLUB \$ \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

DATED THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

**OFFICE USE ONLY**

RECEIPT NO. \_\_\_\_\_ MEMBERSHIP CARD NO. \_\_\_\_\_