



TAI TAPU GOLF CLUB (INC)

P O Box 143, Tai Tapu 7645
 Phone: 329-6710
 E-mail: admin@taitapugolf.co.nz

Surname Mr/Mrs/Ms		First Names	
Preferred First Name		Date of Birth <i>if</i> under 21	
Postal Address			
Home Phone		Work Phone	
Cell Phone			
E-mail			

MEMBERSHIP CATEGORY REQUIRED (Please Tick Box)

- Active Men:** (Club Day Saturday)
- Active Women** (Club Day Tuesday/Saturday)
- Junior:** Up to 18 years
- Midweek:** Men and Women: (Club Day Wednesday).

GOLFING HISTORY

Tick ▼	Golf Club Membership	Club Name	Member ID	Handicap Index
<input type="checkbox"/>	No previous golf club			
<input type="checkbox"/>	Current member of			
<input type="checkbox"/>	Past member of			

I hereby apply for membership of the Tai Tapu Golf Club (Inc.) and if elected agree to abide by the Rules of the Club			
Signature		Date	

We nominate the above for membership of the Club

Proposer		ID		Seconders		ID	
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CONDITIONS

As determined by Club Rules, all applications for membership will be tentatively accepted and become active upon payment of the required fees. All membership applications are subject to review at the following Management Committee meeting. In the unlikely event that this application is rejected by the Management Committee the membership will be cancelled and all fees refunded. .

Proposers and Seconders must be Club members of not less than 12 month's standing.