

# Waikanae Golf Club Membership Application

Post to: PO Box 59, Waikanae or Email to: [waikanae@golf.co.nz](mailto:waikanae@golf.co.nz)

Phone: (04) 293 6399

[www.waikanaegolfclub.co.nz](http://www.waikanaegolfclub.co.nz)



## 1. Your Name

First Name/s

Last Name

Preferred Name

2. Gender

Male

Female

3. Your date of birth

4. Occupation

## 5. Your address

Street No. & Street Name

Suburb

Town/City

Post Code

## 6. Your contact details

Home

Mobile

Email (please print clearly)

## 7. Please tick which membership you are interested in:

18 Hole

9 Hole

Intermediate

Country

Summer

**Junior & Social Memberships have a separate application form**

See the website for the current fees: <http://www.waikanaegolfclub.co.nz/membership-fees>

8. Are you currently a member or have you ever been a member of a NZ Golf affiliated golf club?  Yes  No Go to Q9

Your current golf club membership:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name of golf club

Membership Number

Handicap index

Would you want your handicap transferred to this club?  Yes  No

Other golf club memberships

9. Do you have any family or friends that are members of this club? If so, please provide their names

10. Who is proposing you for membership?

Signature

Membership No.

11. Who is seconding you for membership?

Signature

Membership No.

12. Are you a New Zealand Citizen?  Yes  No

**Privacy Statement:** The information collected in this form will be used in accordance with the principles of the Privacy Act of 1993. The information will not be used for any other purpose than for a lawful purpose connected to the Club. By submitting this form, you acknowledge your rights to view and amend the information.

**Please sign & date here**

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OFFICE USE: INTRODUCED BY: FB/ WEB/RAD/NP/OTHER  
Paid: \$                      Receipt No.                      Date:  
Membership Card / Bag Tag Issued:

TO SHOP/OFFICE