



NOMINATION FORM

(Note: we cannot process your application unless every section is completed fully.)

Surname: _____ First Name: _____ (preferred name)

Sex: _____ Date of Birth: _____

Postal Address: _____

Home Phone: _____ Mobile: _____ E-mail: _____

Are you or have you ever been a member of a NZ Golf Club YES / NO								
If Yes – Which Golf Club:	Membership No:							

Membership Category: _____

If you intend to belong to another Club for the coming season please circle one of the following:

I would like Waipu to do my handicapping I will have my handicapping done elsewhere

Nominator: _____ (Print Name) _____ (Sign)

Secunder: _____ (Print Name) _____ (Sign)

Signature of Nominee: _____ Date: _____
(Payment must accompany nomination form)

In signing this form and being accepted as a member of the Waipu Golf Club, you agree to:

- 1) Abide by the Constitution and Rules of the Waipu Golf Club (Inc)
- 2) Pay the subscription as required.
- 3) Allow your name, address, email and telephone numbers to be used by the Officers of the Club for golf business
- 4) I agree to have my AGM documentation emailed to me

For Club Use (date & initials)

ID Number: 457 _____	Subscription Paid: _____	M/ship Invoiced: _____
Entered in Dot Golf: _____	Email recorded in Outlook: _____	M/Ship welcome email: _____
Entered in M/ship List: _____	M/Ship card ordered: _____	O/No: _____
Entered in Board List: _____	Entered for mthly newsletter: _____	M/Ship welcome letter sent: _____