

**2021 Membership Application Form**  
**Queenstown Golf Club Incorporated**  
 759 Peninsula Road, Kelvin Heights  
 Queenstown, New Zealand  
 PO Box 2141, Wakatipu 9349



**Queenstown Golf Club**  
 NEW ZEALAND

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First Name:.....Surname:.....

Gender: Male / Female

Postal Address.....

Occupation:..... Date Of Birth:.....

Contact Phone Numbers:.....

E-mail address:.....

Nominator: ..... Seconder: .....

**Type of Membership:** (Tick the appropriate box) - Membership expires 31/12/2021

<input type="checkbox"/>	Full Playing	\$900
<input type="checkbox"/>	Under 30 Yrs	\$685
<input type="checkbox"/>	Under 25 Yrs	\$540
<input type="checkbox"/>	Under 21 Yrs	\$300
<input type="checkbox"/>	9 Hole	\$540
<input type="checkbox"/>	Country	\$600
<input type="checkbox"/>	Limited	\$215

Direct Debit Payment options are available. Ask staff for info.

**Previous membership of any Golf Club**

Name of Club: \_\_\_\_\_  
 Have you had a handicap within the last 2 years?      Yes / No  
 Do you want a handicap at this Club?                      Yes / No  
 Other club 7 digit membership number? \_\_\_\_\_

**Country Membership**

You must live at least 30km from the course and be a full member of an affiliated golf club in New Zealand.

**Limited Membership**

Must be a Spouse, Partner or dependent of a Full Playing Member. No handicap or voting rights.  
 Must play with the nominated family member at all times.

**Subscription payments must accompany this form**

**Amount Paid: \$ \_\_\_\_\_**

I, the undersigned, declare that the above is correct and hereby agree to abide by the rules set down by the New Zealand Golf Association Inc. and any local rules set by the Queenstown Golf Club.

Signed:..... Date:.....