

## NOMINATION FOR MEMBERSHIP

Surname .....

(Mr. Mrs. Ms)

First Name .....

Address.....

.....

.....(Post Code).....

Email:

.....

Telephone:.....Mobile:.....

Occupation .....

Date of Birth:.....

Previous Club:.....

Membership: (circle one)

Full Playing            Nine Hole            Summer

Country    Associate    Junior (10-17)    Intermediate (18-19)

*I agree to abide by the rules of the Waihi Golf Club:*

*My contact number will not be published in Waihi Golf Club membership booklet*

Sign.....Date:.....

Proposer:.....Seconder.....

Bank A/c Details: Waihi Golf Club 03 1575 0042820 00

## SUBSCRIPTIONS

### 2020/21 YEAR

1st October to 30th September 2021

Full Playing            \$740.00

Nine Hole                \$490.00

Country                 \$420.00

Summer                 \$435.00

Junior/Student         \$135.00

Intermediate            \$295.00