

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*My contact number will not be published in Waihi Golf Club membership booklet*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

### 2021/22 YEAR

1st October to 30th September 2022

Full Playing          \$775.00

Nine Hole          \$515.00

Country          \$440.00

Summer          \$455.00

Junior/Student          \$135.00

Intermediate          \$295.00