

# 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 (U19)    Intermediate (19-23)

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

## 2023/24 YEAR

1st October 2023 to 30th September 2024

Full Playing .....	\$875.00
Nine Hole .....	\$575.00
Country .....	\$495.00
Summer .....	\$495.00
Junior/Student .....	\$150.00
Intermediate .....	\$325.00