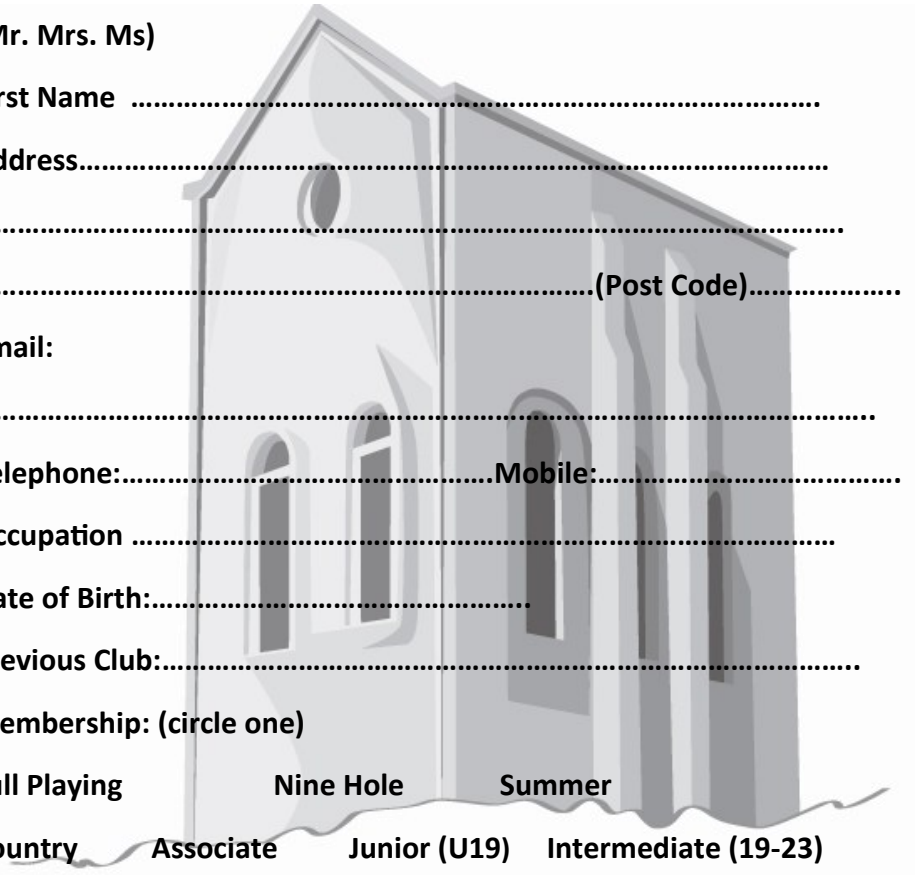
NOMINATION FOR MEMBERSHIP



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

2026/27 YEAR

1st October 2026 to 30th September 2027

Full Playing $1,065

Nine Hole $695.00

Country $605.00

Summer $605.00

Junior/Student $180.00

Intermediate $390.00

Under 30yrs (1/10/2024)……$745.00

Ph: 07 863 8678 | www.waihigolf.co.nz | golf@waihigolf.co.nz | waihigolfclub