

# Wainuiomata Golf Club Inc.

P O Box 42 011  
Homedale  
Wellington 5049  
New Zealand



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Website: [www.wainuigolf.co.nz](http://www.wainuigolf.co.nz)

## APPLICATION FOR MEMBERSHIP

Surname: \_\_\_\_\_ Mr / Mrs / Miss / Ms / Dr

First Names: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
(If different from Street Address)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Nos. Bus: \_\_\_\_\_ Mob: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax No: \_\_\_\_\_

Present Club: \_\_\_\_\_ Current H/cap Index: \_\_\_\_\_

Your Club/Member ID from your present/previous club?: \_\_\_\_\_

I hereby agree by submitting this application to abide by the Rules of the Wainuiomata Golf Club Inc as published and amended from time to time. Furthermore I acknowledge that membership is a privilege and that my membership to the Wainuiomata Golf Club will be confirmed by the Club's Trustees at a regular meeting providing that the application form is completed correctly and the appropriate fee is paid in full. Should I wish to cancel my membership, I understand that the Rules require me to resign in writing prior to the end of the Club's financial year. In accordance with the Principles contained in the Privacy Act 1993, I am in agreement with the Wainuiomata Golf Club's rights to store, maintain and use the information outlined on this form. I also understand that any disclosure of this information will be restricted to matters directly concerned with the daily operations of the Club, Club fixtures and the New Zealand and Wellington Golf Associations and will be in accordance with the Club Rules.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CODE CATEGORY** (circle category required)

01 Full Playing Member  
07 Full Playing Member – combined  
21 Full Playing Member – 9 hole  
11 Mid Week Member  
76 Mid Week Member – combined

**CODE CATEGORY**

20 Mid Week Member - 9 hole  
10 Summer Member  
19 Winter Member  
41 Intermediate– 18 to 26 years old  
45 Junior – At High School

### FOR OFFICE USE ONLY

Membership # \_\_\_\_\_ Subs Invoiced \$ \_\_\_\_\_ DD/AP: Y / N

Receipt Number: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Date Entered: \_\_\_\_\_

Date Board Approved: \_\_\_\_\_ Membership Package Sent: \_\_\_\_\_