

# WAITANGI GOLF CLUB (INC)

## Membership Proposal

Full name of proposed member .....  
(Mr, Mrs, Miss) delete one

Residential Address: .....  
.....

Postal Address: (if diff. from above).....

Phone No: ..... Fax No. ....

E Mail: ..... Occupation: .....

Previous Club if Any..... Handicap.....

Previous Club ID No. ....

Class of Membership Desired: .....

Note: Associate membership. For acceptance under this class, evidence of current financial membership of a New Zealand Affiliated Golf Club is required.

Date of Birth: .....  
(If applying for Intermediate or Student membership, proof of age is required)

Nominated by: ..... Member

Nominated by: ..... Member

### AGREEMENT TO ACCEPT NOMINATION

I, the undersigned, accept nomination to the Waitangi Golf Club (Inc) and agree to accept liability for club dues from time of acceptance of my membership by the Club. Enclosed in the terms of the Club's Constitution, is a \$100 application fee. This sum will be deducted from my initial subscription account.

Date: .....

Signature: .....