

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

2024/25 YEAR

1st October 2024 to 30th September 2025

Full Playing	\$925.00
Nine Hole	\$605.00
Country	\$525.00
Summer	\$525.00
Junior/Student	\$160.00
Intermediate	\$345.00
Under 30yrs (1/10/2024).....	\$650.00