



Reid Road
Ngahinepouri
07-825 2760
Web: www.countrygolf.co.nz
Email: pourigolf@xtra.co.nz

MEMBERSHIP APPLICATION

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

_____ Email: _____

TELEPHONE: _____ OCCUPATION: _____

NOMINATED BY: sign _____ Print name: _____

SECONDED BY: sign _____ Print name: _____

MEMBERSHIP REQUIRED (please tick):

- | | |
|--------------------------|---|
| <input type="checkbox"/> | FULL: \$445 (\$425 if paid by 28th February) |
| <input type="checkbox"/> | RESTRICTED: \$325
Entitles member to playing rights at NGAHINEPOURI ONLY. NOT entitled to enter club competitions/scrambles. |
| <input type="checkbox"/> | PAY and PLAY: \$110 Please contact the Golf Club for more details |
| <input type="checkbox"/> | NINE HOLES \$285 |
| <input type="checkbox"/> | SUMMER: \$210 Entitled to full rights from start to finish of daylight saving period |
| <input type="checkbox"/> | YOUTH/Under 19: \$175 Person who has left high school and is under the age of 19 at 1 February |
| <input type="checkbox"/> | JUNIOR: \$110 School year: _____ Date of Birth: _____ |
| <input type="checkbox"/> | JUNIOR LEARNER \$75 School pupil. Must be under the supervision of an adult |
| <input type="checkbox"/> | SOCIAL \$30 |

Last Club: _____ Year: _____

Handicap: _____ Past Handicap ID No. _____

I hereby agree to abide by the rules and regulations of the club.

SIGNED. _____ DATE _____

Bank account number SBS 031355 0693664 00

**FEES MUST BE ATTACHED TO THIS APPLICATION FORM
FOR NOMINATION TO BE CONSIDERED BY COMMITTEE.**