



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"/>	<b>FULL: \$495 (incl Secondary Members)</b>
<input type="checkbox"/>	<b>RESTRICTED: \$375 (NOT entitled to enter club competitions/scrambles)</b>
<input type="checkbox"/>	<b>PAY and PLAY: \$160</b> to register, then \$10 per round. NOT entitled to enter club competitions/scrambles <b>Please contact the Golf Club for more details</b>
<input type="checkbox"/>	<b>NINE HOLES \$335</b>
<input type="checkbox"/>	<b>YOUTH/Under 19: \$225</b> Person who has left high school and is under the age of 19 as at 1 February 2024
<input type="checkbox"/>	<b>JUNIOR: \$140</b> School year: _____ Date of Birth: _____
<input type="checkbox"/>	<b>JUNIOR LEARNER \$85 (Must be a school pupil and play under the supervision of an adult)</b>
<input type="checkbox"/>	<b>SOCIAL \$40</b>
<input type="checkbox"/>	<b>SUMMER: \$330</b> Entitled to full rights from start to finish of daylight-saving period 2024/25

Previous 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 THE COMMITTEE.**