



Reid Road
Ngahinepouri
07-825 2760
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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: \$495 (incl Secondary Members)
<input type="checkbox"/>	RESTRICTED: \$375 (NOT entitled to enter club competitions/scrambles)
<input type="checkbox"/>	NINE HOLES \$335
<input type="checkbox"/>	YOUTH/Under 19: \$225 Person who has left high school and is under the age of 19 as at 1 February 2024
<input type="checkbox"/>	JUNIOR: \$140 School year: _____ Date of Birth: _____
<input type="checkbox"/>	JUNIOR LEARNER \$85 (Must be a school pupil and play under the supervision of an adult)
<input type="checkbox"/>	SOCIAL \$40
<input type="checkbox"/>	SUMMER: \$350 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 including the Code of Conduct

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.**