

Maramarua Golf Club Inc

40 Golf Rd, RD1, Pokeno 2471

Ph/Fax 09 232 5702

E-mail maramarua@xtra.co.nz

www.maramarua.co.nz

**APPLICATION FOR MEMBERSHIP**

**Family Name**:……………………………..………………………………………………………………………

**First Name(s)**:………………………………………..………………………………………………………….

**Address**:……………………………………………………………………………………………………………….

………………………………………………………………………………..............

**Phone (Business)**……………………......... **Phone (Home)**……….….……………………

**Mobile ph**.………………………………........

**Email**.……………………………………………………………………………………..………………………..….

**Date of Birth**.………………………..…….... **Occupation**.……………..………………………

I hereby apply for: Full / Midweek / Under 35 / Over 35 membership / junior (circle one)

of the Maramarua Golf Club. Membership is for a term of 12 months and then renewed for subsequent terms of 12 months unless notice is given to the contrary. I understand that my membership is for a 12-month term for the applicable category and paid in full or in installments and that the full 12-month fee is payable. I acknowledge that should I cancel my membership for whatever reason prior to the end of the current term, I will still be liable for the full payment thereof. I undertake that if accepted I will comply with the Clubs Rules and Constitution, and those of any affiliated Body. I understand that acceptance of my application is at the discretion of the Executive Committee.

I have previously been a member of a New Zealand golf club? – Yes / No

Please retrieve my handicap using my previous membership ID # \_ \_ \_ \_ \_ \_ \_

Privacy Statement: The information collected in this form will be used in accordance with the principles of the Privacy Act of 1993. The information will not be used for any other purpose than for a lawful purpose connected to the Club.

**Signed**:………………………..…….…………….…  **Date**:……………..………………………..………

IF PAYING ONLINE: Bank Account Details: ASB 12-3492-0024968-00

Reference: Initial(s) & Surname