

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

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

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

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

**Mobile ph**.………………………………........

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

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

**Industry**………………………………………… ..

I hereby apply for Full / Midweek / U35 membership of the Maramarua Golf Club and agree to pay all subscriptions and fees that may be fixed in accordance with the rules of the Club.

Have you previously been a member of a New Zealand golf club? – yes / no

To enable us to retrieve up your handicap, what was your previous ID number

…………………….

I understand that acceptance of my application is at the discretion of the Executive Committee. Membership becomes effective only when the annual subscription is paid and, where applicable, a clearance is received from my previous club. I may resign my membership at any time by giving written notice to the Club Manager.

I accept that Maramarua Golf Club will keep the above information on file for Club use only.

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

Bank Account Details: ASB 12-3492-0024968-00