

APPLICATION FOR MEMBERSHIP

CARTERTON GOLF CLUB Inc
 Chester Road
 PO Box 97
 Carterton



Phone: Office 06-379 8457 Club House 06-379 8467
 Fax: 06-379 5457
 Email cartertongolf@xtra.co.nz

1. Full Name (Mr / Mrs / Miss / Ms):
2. Preferred Name:
3. Address:
4. Phone: Home: Work: Mobile:
5. Email:
6. Class of Membership being applied for

| | | |
|---|-------|-------|
| If you are currently a member of another golf club or have been a member, please provide the following information: | | |
| Previous Club | | |
| NZGA Number | | |
| Handicap | | |

The proposer and seconder of nominees must be playing members of the Carterton Golf Club Inc.

DECLARATION:

I hereby apply for membership of the Carterton Golf Club in the membership category shown above and enclose the subscription fee payable. If elected, I agree to abide by the Rules of the Carterton Golf Club as published and amended from time to time.

I acknowledge and agree to pay all subscriptions levied by the due date until I resign, in writing, my membership of the Carterton Golf Club.

Furthermore, I hereby acknowledge by signing this application for membership that in accordance with the principles contained in the Privacy Act 1993 I am in agreement with the Carterton Golf Club's rights to store, maintain and use the information outlined on this form. I also understand that any disclosure of this information will be restricted to matters directly concerned with the daily operations of the Club, Club fixtures, the New Zealand Golf Association and the Wairarapa Golf Sub-Association and will be in accordance with the Club Rules.

Signed: (Applicant) Date:

Proposer
(Print Name) (Signed)

Secunder
(Print Name) (Signed)