



# Trentham Camp Golf Club

(INC.)

## Application for Membership

Mr / Mrs / Miss / Ms

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First name

Last name

Home address


Optional details

<u>E-mail address:</u>	<u>Occupation:</u>

Contact telephone Nos.

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Home

Business

Mobile

Other golf club(s)

What other club(s) have you belonged to?

<u>Are you a current member? Y / N</u>	<u>Were you a previous member? Y / N</u>

N.Z.G.A. ID No.

(7 digit number)

Handicap index

### Membership categories (A deposit is required at time of application).

Please indicate which category of club membership you wish to apply for.

Full		Summer		Mid-week	
Services		Junior (Date Of Birth)			
		Day	Month	Year	

Subscription \$

Deposit paid \$

**PLEASE NOTE:** Full payment required for *Summer membership*

*The Trentham Camp Golf Club has the right to decline any membership application.*

*If this application is accepted by the Management Committee of the Trentham Camp Golf Club, I agree to abide by all the rules laid down by the Club.*

*The Trentham Camp Golf Club is authorised by the applicant to release information provided in this form to the NZ Golf Association Inc. or to any organisation directly or indirectly able to provide benefits to members of a golf club.*

Signature of applicant .....

Date .....

T.C.G.C. Representative .....

Date .....