

Membership Application Form

Last Name (please print)	Middle	First
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Address	City	Postal
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Home Phone	Work Phone	Mobile Phone
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Email	Emergency Contact	Emergency Phone
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Employer	Occupation
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Date of Birth:	Casual Golf Membership #:
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Previous Golf Club(s):

Category Application:

<input type="checkbox"/> Full Playing <input type="checkbox"/> Full Play 10 <input type="checkbox"/> Full Play 20 <input type="checkbox"/> Full Play Pay as you Play <input type="checkbox"/> Weekday <input type="checkbox"/> 9 Hole <input type="checkbox"/> Intermediate	<input type="checkbox"/> Family <input type="checkbox"/> Corporate <input type="checkbox"/> Junior (ages 13 - 18) <input type="checkbox"/> Junior Junior (12 & under) <input type="checkbox"/> Social <input type="checkbox"/> Dining Discount * * Proposer/Secunder Not Required
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How did you find out about us – Friend/Radio/Newspaper/Website/Other – specify

Will Wainui be your Home Club (handicap is held at home club) Yes / No

Fees: \$ _____ Membership for one year from acceptance

Bank transfer payments to: ASB # 12-3107-0024890-00 NB. Subscriptions will be invoiced annually. Late payment may be subject to an extra fee. The refunding of playing subscriptions, for any reason, is not Club Policy.

Covid Policy; by making application for Membership privileges i confirm that i have been inoculated with an New Zealand approved vaccine and will furnish club management with my Covid 19 "vaccination pass" or any other proof of vaccination as is required to be held in confidence within my Membership file.

I acknowledge that my application for membership to the Peninsula Golf Club Inc.(trading Wainui) is subject to approval by the Board and successful application will incur the cost of the Club's associated fees. These fees are due and payable at the point of application and will be refunded in full, less any associated charges, should for any reason the membership application not be ratified. I agree to abide by the Rules/Policies of the Club and the decisions of the Board and Management.

Disclosure under Privacy Act 1993

I consent to my personal details such as my name and telephone number being included in the Club's annual programme and circulated to other members. You may provide me with advice and information concerning products and services that the Club believes may be of interest to me. I will advise the Club if I do not wish to receive this information.

Signed:

Date:
