MEMBERSHIP APPLICATION FORM

Taumarunui Golf Club, P O Box 181, TAUMARUNUI

NAME: ……

ADDRESS: ……..

PHONE: …… EMAIL: ……..

I apply to become a member of the Taumarunui Golf Club Inc, and if elected, I undertake to be bound by the rules and regulations of the Club. If at any stage I decide to resign, I understand that this must be in writing to the Secretary or I will be liable for any future subscription.

CATEGORY REQUIRED: (See list below) ……

PREVIOUS CLUB: (If any) ……

HANDICAP: (If any) …… **DATE OF BIRTH** (For Juniors and Students) ……

SIGNED: …… **DATE:** ……..

PROPOSED BY: ……. **SECONDED BY**: ……..

(New applications must be proposed and seconded by active members of the Club)

CATEGORIES OF MEMBERSHIP:

- **ACTIVE** Full playing rights
- **RESTRICTED** No play after 12 noon on Saturday or on Ladies day or any Club Tournament
- **COUNTRY** Those whose normal place of residence is outside an 80km radius of Taumarunui and who are existing active members of an affiliated club. Not eligible for club competitions.
- **9 HOLE** Special conditions apply.
- **NEW GOLFER** For persons starting golf for the first time.
- **JUNIOR** Any person under the age of 23 who has left school but is attending an educational institute full time or is an apprentice or cadet. Eligible for competitions and tournaments approved by the Match Committee.
- **STUDENT** Any child attending Primary or Secondary School
- **SUMMER** From 1st November to 28th February.
  $250 **with Summer Memberships, payment must accompany this form.**

FOR DIRECT CREDIT PAYMENTS:	TAUMARUNUI GOLF CLUB INC WESTPAC TAUMARUNUI 03 0426 0014573 000