

Ohariu Valley Golf Club (Inc)

Ohariu Valley Road PO Box 13 255, Johnsonville, Wellington 6440 Telephone 04-478 4009. E-mail: ohariugolf@xtra.co.nz
www.ohariuvalleygolf.org.nz

MEMBERSHIP APPLICATION

| I wish to apply for membership of to abide by the Rules of the Club | | Club Inc, and in doing so I agr | ee |
|---|---|---|-------|
| (Nominate type of membership – tick ☐ FULL | appropriate box) □ MIDWEEK | ☐ 9HOLE (Available women | only) |
| □ SOCIAL | ☐ JUNIOR (Under 23) | Full date of birth required | |
| I agree to pay my annual subscript December, on acceptance by: Please tick appropriate box | ption, which covers the | period 1 st January to 31 st | |
| Payment in one instalment (cash. | | | |
| Monthly instalments by automatic | | ☐ Is not available for Junior t MUST be made by cash/cheque | Subs |
| PERSONAL DETAILS | | | |
| Surname: Mr/Mrs/Ms | First Nar | me | |
| Address: | Suburb_ | | |
| Telephone: Email | | Occupation | |
| Date of birth | (date and month is | sufficient) | |
| DO YOU WISH OHARIU VALLE | Y TO BE YOUR HOME | CLUB YES/NO? | |
| Do you currently belong to any of Have you ever been a member of If so please list Club(s) Please give your current member of the please state your current bandies. | f any other NZGA affilia an r ID Noan | ted Club Yes/No? and nominate home Club | |
| Please state your current handica | ap ilidex | | |
| Nominated by | Seconded by | ' | |
| I authorise the Ohariu Valley Golf members, and also allow these d National Associations. | | | |
| Signature of applicant | | (ACTION BY SIGNING) | |
| | | | |
| For committee use only: | | | |
| Accepted/Not accepted. Date: Acknowledged and account sent. | | | |
| , totalowiougou alla account sont. | | | |