

Weedons Country Club Inc
PO Box 137
Rolleston 7643
Phone 03 347 8519



APPLICATION FOR MEMBERSHIP

Title _____ First name _____ Surname _____

Postal Address _____ Suburb _____

Post Code _____

Email _____

Phone Pvt _____ Phone MOB _____ DOB _____

Occupation _____ Previous Club _____ Handicap _____

Proposed by _____ Seconded _____

Approved _____ Date _____

Type of Membership applied for

Full Husband/ Wife Summer Afternoon Honorary 9 Hole Introductory

Junior under 13 13-15 years 16-19 years 20-22 years 23-25 years

Parental Name _____ Relationship _____

Payment Options: In full Automatic Monthly payments

Office Use Only Amount due \$ _____

Notes

Membership fees are payable upon application. This application is subject to approval by the committee at the next committee meeting. Should an application be declined, your payment will be refunded in full.

Summer Membership is valid from 1st October to 28th February.

Declaration

I declare that the above information is true and correct and acknowledge the Weedons Country Club's rights to store, maintain and use the information outlined in this form in accordance with the Privacy Act 1993. I further understand that any disclosure of this information will be restricted to matters directly concerned with the daily operation of the Club and fixtures.

Signature _____ Date _____

Office Use Only

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|----------|--|------|--|--------------|--|------------|--|-----|--|
| Dot Golf | | XERO | | Loyalty Card | | Newsletter | | POS | |
|----------|--|------|--|--------------|--|------------|--|-----|--|