

FEILDING GOLF CLUB (INC)
1487 WAUGHS ROAD
AORANGI, FEILDING
MEMBERSHIP NOMINATION FORM

We hereby nominate as a member of the **Feilding Golf Club (Inc)**
 Mr/Mrs/Miss/Ms Previous Club I.D.

Surname:

Full Christian Names:

Postal Address:

POSTCODE:

Phone Number:

Email Address (for Newsletters):

Occupation:

Nominator:

Secunder:

Membership Status applied for:

MEN

- Unlimited
- 15 Rounds
- 9 Holes
- Intermediate
- Junior Boys
- Restricted
- Basic
- Social
- Summer

WOMEN

- Unlimited
- 15 Rounds
- 9 Holes
- Intermediate
- Junior Girls
- Restricted
- Basic
- Social
- Summer

Date of Birth:

I hereby consent to the above nomination and agree to abide by all Rules & Policies of the Feilding Golf Club (Inc).
 I hereby consent to the publication of my name & telephone number in the Feilding Golf Club's annual Programme Booklet (approval for this is required under the terms of the Privacy Act 1993).

This application for membership will be placed on the Club Noticeboard and considered by the Board of Management. Until such time that you have been accepted, you are granted honorary playing membership.

Signature of Applicant:

Date: