



FEILDING GOLF CLUB (INC)
1487 WAUGHS ROAD
AORANGI, FEILDING

MEMBERSHIP NOMINATION FORM

We hereby nominate as a member of the Feilding Golf Club (Inc)

Surname: _____ Mr/Mrs/Miss/Ms

Full Christian Name: _____

Date Of Birth: _____ **Gender:** Male Female

Postal Address: _____

Postcode: _____

Phone Number: _____

Email Address: _____

Ethnicity: _____

Occupation: _____

Nominator: _____ Sign

Secunder: _____ Sign

Previous Club ID: _____

Membership Status Applied For:

- Unlimited SLG Mates Golf
 9 Holes
 15 Rounds
 U25 (as at January 1st)
 U35 (as at January 1st)
 Summer Oct-Mar
 Summer Nov-Mar
 Summer Dec-Mar
 Restricted

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: _____