



ISLAND PARK GOLF CLUB

Membership Application

336 Brighton Road
Waldronville 9018
Email: ipgc@xtra.co.nz

Title Mr/Mrs/Miss/Ms Surname _____

First Name/s _____ Preferred name _____

Email Address _____

Home Address _____ Postal Address _____

Postcode _____

Phone: Home _____ Business _____ Mobile _____

Date of Birth _____

Employer _____ Occupation _____

Have you belonged to another Club? If so, which _____ When _____

Nominated _____ Seconded _____

Membership requested:

Men

Full Member

Mid-Week Member

Summer

Student (1)

Junior (2)

School Pupil

Country Main Club Membership # _____

Women

Full Member

Mid-Week Member

Summer

Student (1)

Junior (2)

School Pupil

Country Main Club Membership # _____

- (1) Must be under 22 years of age as at the 1st of January in each membership year. Copy of Student ID to be provided.
- (2) Must be under 20 years of age as at the 1st of January in each membership year. Copy of ID evidencing DOB to be provided.

I, the above named, hereby make an application to become a member of the Island Park Golf Club Inc and agree to conform to the Constitution and Rules of the Club as follows:

1. I understand that the membership period ends on the 31st December of each year
2. An annual subscription payment must be made by 31st January each year, if not received I am unable to play

3. If I change address I will notify the golf club of my new address and phone number
4. Membership card or bag tag must be carried at all times when at the club
5. I agree that the information provided above may be used for any purpose the Club may deem fit in accordance with the Privacy Act 1993

Signed _____

Date _____

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Office use only

Member Pack

Membership Number

Entered in Infusion

Downloaded to NZ Golf

Receipt No

Invoiced

Tag & Cards Ordered

Sub to pay \$

Deposit

Received:

Cash / Cheque / Eftpos