

Membership Application 2018/2019

Title (Mr/Mrs/Miss/Ms) and	Full Name:	
Email Address:		
Home Address:		Postal Address:(if different)
Postcode:	Phone: Home	Mobile
Date of Birth:		Male Female:
Occupation:		Company:
Have you belonged to anot	her Club? Y / N If so w	vhich one and when?
If a current member of another	ther Club will Harewood be y	your Primary or Secondary Club?
Reason(s) for joining Harev	wood:	
Tick Membership Type Red	quested:	
 I understand I am liable Resignations must be r Subscription payments may have my playing ri I agree that a \$50 annu If I change address I w My membership card a I agree that the informatin accordance with the 	existing member record the Full Playing Men/Women 6 Day Membership 9 Hole Winter / Summer Junior/Under 19 Under 36 (Graduated Age Country Member / make an application to bede Constitution and Rules of the for the full subscription pay received in writing prior to 31 must be made in full by 30th ights removed if payments a ual fee will be added if paying ill notify the golf club of my nund/or bag tag must be carried ation provided above may be Privacy Act 1993	come a member of the Harewood Golf Club Inc, the Club, including as follows: yment to 31st of August each year 1st of July each year n of Sept each year, or monthly as arranged. I acknowledge I are in arrears g by monthly instalment – tick box to select this option new address & phone number ed at all times when playing golf. e used for any purpose the Club may deem fit
Signed		Date
	Email completed form t	to play@harewoodgolf.co.nz
Office use only		Membership No
☐ Entered in DotGolf	☐ Invoiced	☐ Card & Tags Ordered
Sub to pay\$	Received	l: Cash / Cheque / Eftpos / Monthly