

PAY AS YOU PLAY MEMBERSHIP APPLICATION 2009/10



TITLE MR/MRS/MISS/MS SURNAME _____

FIRST NAMES/S _____

EMAIL ADDRESS _____

HOME ADDRESS _____

POSTAL ADDRESS (IF DIFFERENT) _____

PHONE - HOME _____ BUSINESS _____ MOBILE _____

DATE OR BIRTH _____ COUNTRY OR BIRTH _____

OCCUPATION _____ COMPANY _____

HAVE YOU BELONGED TO ANOTHER CLUB? IF SO WHICH _____

WHEN _____

REASON FOR JOINING HAREWOOD _____

I, THE ABOVE NAMED, HEREBY MAKE AN APPLICATION TO BECOME A MEMBER OF THE HAREWOOD 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 AUGUST EACH YEAR
2. AN ANNUAL SUBSCRIPTION PAYMENT MUST BE PAID BY 31ST AUGUST 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 HE 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 _____

OFFICE USE ONLY

- MEMBER PACK
- ENTERED IN GOLF MANAGER
- DOWNLOADED TO NZ GOLF
- INVOICED
- TAG & CARDS ORDERED

MEMBERSHIP NO.

RECEIPT NO.

SUB TO PAY \$

RECEIVED: CASH CHEQUE EFTPOS