



## MEMBERSHIP APPLICATION FORM

**TYPE OF MEMBERSHIP:**

---

**TITLE (tick):** Mr  Mrs  Miss  Ms

**SURNAME**

---

**FIRST NAMES**

---

**RESIDENTIAL ADDRESS:**

Street Number & Name:

---

Suburb:

---

City:

---

**HOME PHONE:**

---

**WORK PHONE:**

---

**EMAIL ADDRESS:**

---

**OCCUPATION:**

---

**DATE OF BIRTH:**

---

**PREVIOUS OR OTHER CLUB:**

---

**PLAYER ID:**

**HANDICAP INDEX:**

I the applicant acknowledge that the personal information provided by me to the Tauranga Golf Club, whether contained in this application or otherwise obtained, is provided and may be held, used and disclosed by the Club to administer and maintain my membership of the Club and enable the Club to provide me with all of its member services, and provide me with advice and information concerning products and services that the Club believes may be of interest to me and communicate with me for any purpose.

I agree with the Rules and regulations of the Club.

**SIGNED:**

---

**DATE:**

---

**SUBSCRIPTION AMOUNT PAID:**

APPLICATION: APPROVED | NOT APPROVED

\_\_\_\_\_  
General Manager