

## ASHBURTON GOLF CLUB (Inc) APPLICATION FOR MEMBERSHIP

Mr/Mrs/Miss/Ms/Master \_\_\_\_\_  
Surname

Christian Names \_\_\_\_\_

Address \_\_\_\_\_

Phone Home \_\_\_\_\_ Phone work \_\_\_\_\_

Cellphone \_\_\_\_\_ Email address \_\_\_\_\_

Full Member       9 hole Member       Junior

Competitive Junior       Corporate       Summer Member

Transfer from Summer Member      Amount \$ \_\_\_\_\_

Date of birth: \_\_\_\_\_

Previous Club \_\_\_\_\_ Handicap \_\_\_\_\_

Being the Sponsors of this application, we hereby take full responsibility to make certain he/she abides by the Rules of Golf, the Rules of the Club, and Course Etiquette.

Proposer \_\_\_\_\_ Date \_\_\_\_\_

Seconder \_\_\_\_\_ Date \_\_\_\_\_

I consent to the collection of the above details by the Ashburton Golf Club for the purpose of a club membership record and for it to retain, use, and disclose these to the New Zealand Golf Assoc of N.Z. I acknowledge my right to access correction of this information. This consent is given in accordance with the Privacy Act of 1993.

How did you hear about Ashburton Golf Club and your reasons for choosing AGC. \_\_\_\_\_

Signature \_\_\_\_\_ Member Number \_\_\_\_\_  
(Office use only)