

ASHBURTON GOLF CLUB (Inc) APPLICATION FOR MEMBERSHIP

Mr/Mrs/Miss/Ms/Master _____
Surname _____

Christian Names _____

Address _____

Phone Home _____ Cellphone _____

Email address _____

Full Member 9 hole Member Junior

Competitive Junior 19-30 years 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 _____

Secunder _____ 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. In joining Ashburton Golf Club I agree to abide by the Rules and Regulations of the club including the club's H&S Policy and understand that I play at my own risk

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

Signature _____ Member Number _____
(Office use only)