

BLenheim GOLF CLUB,
P O BOX 372 Blenheim 7240
blenheim@golf.co.nz



APPLICATION FOR MEMBERSHIP

First name..... Surname.....
Mr Mrs Ms (Circle one)

Residential Address:..... Area Code.....

Telephone Cell Email:.....

Date of birth.....(Junior/Students)

Type of Membership sought If Secondary, state name of other club
you belong to..... Previous Club (if any).....

Club No Membership No.

Signature Nominee

SCALE OF FEES FOR PERIOD 1 MARCH 2019 – 29 FEBRUARY 2020

The fees are the same for men and women. Please circle the membership you seek.

Ordinary (full) Member	\$420	
Novice Member	200	First year player, not previously holding a NZ hcp.
Junior 18-25 yrs at 1.3.2019	125	
Student Handicap Under 18 at 1.3.19	50	
Student non-handicap Under 18 at 1.3.19	30	
Secondary	200	Restricted to full members of another NZ Golf Club
Social member	50	Restricted to Clubhouse privileges only
Summer Member	200	Play from 1 October to end February

AGREEMENT

In accordance with the principles contained in the Privacy Act 1993, I am in agreement with the Blenheim Golf Club's right to share and use information supplied on this form. I also understand that any disclosure of this information will be restricted to matters directly concerned with the daily operation of the Club and its fixtures.

I, the undersigned, agree to abide by the policies and rules of the Blenheim Golf Club.

Signature.....Date..... Enclosed \$.....

Please sign and return with your fee. If possible please direct credit your fee to the Club Account with Blenheim SBS Bank – 03 1355 0784814 00. **The Club has no Eftpos facilities.**

Treasurer:

Handicapper:

Secretary

Sighted:

Database Updated:

Sighted:

Tag/Club Programme Issued:

Club ID No.

Filed

Date:

Date:

Date:

