



# WAIPU GOLF CLUB (INC.)

PO Box 76, Ruakaka

Phone: (09) 432 0259 Fax (09) 432 1259

Email: [waipu@golf.co.nz](mailto:waipu@golf.co.nz)

G.S.T. No. 11-937-187

## NOMINATION FORM

(Note: we cannot process your application unless every section is completed fully.)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ (preferred name)

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (If under 18 yrs of age)

State your current or last ID from an affiliated N.Z Golf Club. If you have never had an ID, write N/A. Do not leave blank.					
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Postal Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Category: \_\_\_\_\_

If you intend to belong to another Club for the coming season please circle one of the following:

I would like Waipu to do my handicapping

I will have my handicapping done elsewhere

Nominator: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign)

Seconder: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign)

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Payment must accompany nomination form)

In signing this form and being accepted as a member of the Waipu Golf Club, you agree to:

- 1) Abide by the Constitution and Rules of the Waipu Golf Club (Inc)
- 2) Pay the subscription as required.
- 3) Allow your name, address, email and telephone numbers to be used by the Officers of the Club for golf business

<i>For Club Use</i>	<i>ID Number_457</i> _____
Subscription Paid: _____	Membership Card Ordered: _____
Entered in Dot Golf: _____	Entered in List _____ Email recorded in Data Base _____