



APPLICATION FOR MEMBERSHIP

NAME:
Christian Surname

TITLE: (MR/MRS/MS/MISS/etc)

OCCUPATION:

POSTAL ADDRESS:

..... POSTCODE:

CONTACT DETAILS:

Ph: (Home)..... (Bus:)..... (Cell).....

Fax: Email:

MEMBERSHIP CATEGORY:.....

Full Playing - Junior Full Playing - Country - Student - School (under 13 yrs) - Summer - 9 Holes
Quiet Day Member - Under 35 (21-35yrs)

PREVIOUS CLUB MEMBERSHIP: (If Any).....

DATE OF BIRTH:

PROPOSED BY:
Print Name Signature

SECONDED BY:
Print Name Signature

Privacy Act: I am in agreement with the Hastings Golf Club (Inc) having rights to gather, store and use either publicly or privately any information relative to my membership of the Club. In particular I note in clause 36 of the Club's Rules that all members waive any rights they may have pursuant to the use of such information which could otherwise be protected by the Privacy Act 1993.
I agree to comply with the rules of the Club as outlined in the handbook, and also the dress and conduct standards as set by the Hastings Golf Club (Inc).

NAME: (Please print clearly)

SIGNATURE:DATE:.....