



MEMBERSHIP APPLICATION

PERSONAL INFORMATION			
Name:			
Address:			
Phone (Home):		Mobile:	
Email:			
Occupation:			
Date of Birth (if under 20):		Age:	
Emergency Contact:		Phone:	

MEMBERSHIP INFORMATION					
Please circle membership required					
Full	Starter	Mid Week	9 Hole	Summer	
Associate	Country	Under 23	Junior 16-18	Junior Under 16	
Membership Change: I wish to change from _____ to _____					

GOLFING INFORMATION			
List Affiliated Golf Clubs you have or are a member of			
Previous Member ID		Last Handicap Index	
If still a Member of a Club nominate your "Home" Club			

PRIVACY ACT	
<p>Personal details such as members' names, addresses, telephone numbers and email addresses will be included on membership lists which may be displayed in the Clubhouse and/or circulated to other members.</p> <p>I hereby wish to apply for membership of the Rangiora Golf Club and agree to be bound by the Rules of the Club</p>	
Signature	Date

Note: Confirmation of your membership is subject to approval at the next Management Committee Meeting.

For OFFICE USE ONLY

Date Received		Club Membership ID	
Member Advised		DotGolf Registration	
Subscription Calculation		Payment Received	