



Ohariu Valley Golf Club (Inc)

714 Ohariu Valley Road, PO Box 13 255, Johnsonville, Wellington 6440
Telephone 04-478 4009. E-mail: ohariugolf@xtra.co.nz
www.ohariugolf.org.nz

MEMBERSHIP APPLICATION

I wish to apply for membership of the Ohariu Valley Golf Club Inc, and in doing so I agree to abide by the Rules of the Club.

(Nominate type of membership – tick appropriate box)

- FULL MIDWEEK 9HOLE
- SOCIAL JUNIOR *(Under 23) Full date of birth required* _____

I agree to pay my annual subscription, which covers the period 1st January to 31st December, on acceptance by:

Please tick appropriate box

- Payment in one instalment (cash /internet banking only)
- Monthly instalments by automatic bank payment *Is not available for Junior Subs.*

PERSONAL DETAILS

Surname: Mr/Mrs/Ms _____ First Name _____

Address: _____ Suburb _____

Telephone: _____ Email _____ Occupation _____

Date of birth _____ (date and month is sufficient)

DO YOU WISH OHARIU VALLEY TO BE YOUR HOME CLUB YES/NO?

Do you currently belong to any other NZ Golf Assn affiliated Club Yes/No?

Have you ever been a member of any other NZGA affiliated Club Yes/No?

If so, please list Club(s) _____ and nominate home Club _____

Please give your current member ID No. _____ and Home Club ID No. _____

Please state your current handicap index _____

Nominated by _____ **Seconded by** _____

I authorise the Ohariu Valley Golf Club Inc to put my details on a contact list for other members, and also allow these details to be divulged to the appropriate Regional and National Associations.

Signature of applicant _____ (ACTION BY SIGNING)

OUR BANK ACCOUNT 02-0524-0117963-00

For committee use only:

Accepted/Not accepted. Date: _____

Acknowledged and account sent. Date: _____