

CHRISTCHURCH GOLF CLUB		P O Box 27-044 Christchurch	
		Telephone: (03) 385 9506	
2017 APPLICATION FOR MEMBERSHIP		Email: accounts@christchurchgolf.co.nz	
APPLICANT INFORMATION			
Surname:			
Christian Names:		Preferred Name:	
Street address:			
Suburb:	City:	Postcode:	
Phone:	Cellphone:		
Email address:			
Date of birth:			
EMPLOYMENT INFORMATION			
Occupation:			
Place of Work:		Phone:	
MEMBERSHIP CATEGORY (Please circle) <small>NOTE: Fees include GST but exclude NZ & Canterbury Golf Levies. (\$61)</small>			
Entrance Fee: \$750 – 18 Hole / \$375 – 9 Hole			
Full Playing Man: \$ 2,150	Full Playing Woman: \$ 1,650	Mid-Week Man: \$ 1,650	
Six-Day Man: \$ 1,900	NZ Country: \$ 980	Overseas: \$ 980	
Nine-Hole: \$ 930	Junior: \$ 300	Introductory: \$ 930	
OTHER MEMBERSHIPS			
Name of other Golf Club:			
Other Golf Club membership number:			
Current handicap index:			
Do you wish Christchurch Golf Club to be your Home Club for handicapping?		Yes No (Please circle)	
REFERENCES (MEMBERS OF THE CHRISTCHURCH GOLF CLUB)			
Proposed by:		Signature:	
Address:		Membership No:	
Proposed by:		Signature:	
Address:		Membership No:	
SIGNATURE			
If elected I Agree to abide by the Rules of the Club. Disclosure under the Privacy Act 1993. I accept that personal details such as name, addresses and telephone numbers will be included on membership lists which may be displayed at the Clubhouse and/ or circulated to other members.			
Signature of applicant:		Date:	
OFFICE USE ONLY			
Received:	Class	MEMBER NO.	
Board:	Invoice	MEMBERSHIP	
Approved:	Letter	LEVIES	
	Letter Proposer	TOTAL	