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| CHRISTCHURCH GOLF CLUB | | P O Box 27 044 Christchurch 8640 | |
| | | Telephone: (03) 385 9506 | |
| APPLICATION FOR SUMMER MEMBERSHIP | | Fax: (03) 385 4892 | |
| | | Email: admin@christchurchgolf.co.nz | |
| APPLICANT INFORMATION | | | |
| Surname: | | | |
| First Name: | | Preferred First Name: | |
| Street address: | | | |
| | | | |
| Phone: | Cellphone: | DOB: | |
| Email address: | | | |
| ARE YOU OR WERE YOU A MEMBER OF ANOTHER NEW ZEALAND GOLF CLUB? | | | |
| Name of other Golf Club: | | | |
| Other Golf Club membership number: | | | |
| Current handicap index: | | | |
| Is Christchurch GC to be your Home Club for handicapping? | Yes | No | (Please circle) |
| SUMMER MEMBERSHIP CATEGORY (please circle) – Price includes NZ and Canterbury Golf Levies | | | |
| 7 Day - \$1230.50 | 6 Day - \$1080.50 | 5 Day - \$930.50 | |
| CONDITIONS | | | |
| <ol style="list-style-type: none"> The period of the membership is from 1 October 2016 to 31 March 2017. The membership is not transferable. General playing rights are: <ol style="list-style-type: none"> Full use of the Practice Facilities subject to compliance with the Rules. Play must commence from the 1st or 10th tees only. Tee bookings are to be made in advance at the Golf Shop or Online. Players must report to the Golf Shop before commencing play. Category specific playing rights: <ol style="list-style-type: none"> 5 Day covers Monday to Friday and 6 Day covers Sunday to Friday. Entry to competitions permitted only on days covered by the membership category. To play on days not covered by the membership category, a fee of \$50 and subject to tee time availability. Course etiquette to be complied with including: <ol style="list-style-type: none"> Speed of play - a round of golf is to take no longer than 4 hours 30 minutes. A sand bucket must be carried - divots are to be replaced and sanded. Pitchmarks are to be repaired. The Board reserves the right to cancel the membership without recompense to the holder, where in the opinion of the Board there has been a breach of any of these conditions or the Rules of the Christchurch Golf Club. Please note if you transfer from Summer to Full membership, the current Entrance Fee will be applicable. | | | |
| REFERENCES (MEMBERS OF THE CHRISTCHURCH GOLF CLUB) | | | |
| Proposed by: | | Signature: | |
| Membership No: | | | |
| Proposed by: | | Signature: | |
| Membership No: | | | |
| SIGNATURE | | | |
| I agree to abide by the Rules and Regulations of the Christchurch Golf Club. | | | |
| Signature of applicant: | | Date: | |