

NOMINATION FORM



**Riversdale Beach
GOLF CLUB**

PO Box 775
Masterton
Telephone 06 3723416
Fax: 06 3723418
Email: riversdalebeachgolfclub@xtra.co.nz

I hereby apply for membership of the **RIVERSDALE BEACH GOLF CLUB** and agree to abide by its constitution.

SURNAME: _____

MR_/ MRS _____

(If 18 years or younger)

JUNIOR _____ D.O.B. / / JUNIOR _____ D.O.B. / /

JUNIOR _____ D.O.B. / / JUNIOR _____ D.O.B. / /

ADDRESS _____

SUBURB _____ CITY _____

TELEPHONE _____ Email Address _____

If you have been or are a member of another club please indicate Club _____

If you are a Full member or a junior member, do you wish your handicap to be held at this course? YES / NO

Please indicate membership category

2014 / 2015 SUBSCRIPTIONS

FULL MEMBER \$350 + \$50 (joining fee) = \$400.00

SOCIAL \$70.00 JUNIOR \$67 (no joining fee)

SECONDARY MEMBER \$300

(already a full member at another club)

Amount Paid

Payment direct to the bank – 060689 0234658 00 Riversdale Beach Golf Club Inc.

Full payment, including entrance fee must accompany this application

SIGNATURE _____

PROPOSER _____ SECONDER _____ Date _____

Date application lodged: _____ Received by Club Officer: _____