

# 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

## **2017/2018 SUBSCRIPTIONS**

**FULL MEMBER \$370**

**SOCIAL \$75 JUNIOR \$67**

**SECONDARY MEMBER \$320**

**(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: \_\_\_\_\_