



## APPLICATION FOR MEMBERSHIP

### MEMBERSHIP CATEGORY APPLIED FOR (please tick)

- CORPORATE** (Seven Day Membership plus benefits)
- ORDINARY** (Seven Day Member)
- INTERMEDIATE** (Six Day Member: Sunday - Friday)
- WEEKDAY** (Five Day Member: Monday - Friday)
- INTERMEDIATE JUNIOR** (21 to 25 Years inclusive)
- JUNIOR** (18 to under 21 Years of Age)
- PROVISIONAL JUNIOR** (12 to 17 Years of Age)
- CADET** (12 Years of Age and Under. Restrictions apply)

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### APPLICANT DETAILS:

Mr/ Mrs/ Miss/ Ms Christian Name/s: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: (BH) \_\_\_\_\_ (AH) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Member of Other Golf Club (If any): \_\_\_\_\_ Handicap \_\_\_\_\_

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### PROPOSER / REFEREES:

We personally know the above applicant and we believe he/she is a suitable candidate to become a member of the Gisborne Golf Club Inc.

**Proposer:** \_\_\_\_\_ Signature \_\_\_\_\_ I.D. No \_\_\_\_\_

**Seconder:** \_\_\_\_\_ Signature \_\_\_\_\_ I.D. No \_\_\_\_\_

**OR** If unable to fulfil above, supply the names and contact numbers of two (2) Referees.

**Referee 1:** \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Referee 2:** \_\_\_\_\_ Contact Number: \_\_\_\_\_

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Please accept my application to become a Member of the Gisborne Golf Club Inc. If successful, I agree to be bound by the Memorandum and Articles of Association and Rules or by-laws made there under.  
(Green fees must be paid until approved as a member)

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_