



Sherwood Park Golf Club

Millington Road PO Box 10069
Maunu Te Mai
Whangarei Whangarei

Telephone : (09) 434 6900
Fax : (09) 434 7422
Email : sherwood@golf.co.nz

APPLICATION FOR MEMBERSHIP

Name of previous or other Golf Club..... Membership # :

SherwoodPark Golf Club: Home Club Secondary Club Sherwood Park Membership #

First Name: Female Male

Last Name:..... Occupation:

Address: Date of Birth:.....

..... Post Code:.....

Home Ph: Work Ph:.....

Mobile:..... Email:

Where did you hear about joining:.....

Membership Category:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Full Playing Men | <input type="checkbox"/> FP Man over 70 | <input type="checkbox"/> New Player | <input type="checkbox"/> Overseas Visitor |
| <input type="checkbox"/> Full Playing Women | <input type="checkbox"/> FP Women over 70 | <input type="checkbox"/> Full – 3/6 months | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Nine Hole | <input type="checkbox"/> Nine Hole over 70 | <input type="checkbox"/> New Nine Hole | <input type="checkbox"/> Social |
| <input type="checkbox"/> Pre Junior
(under 8 years) | <input type="checkbox"/> Junior
(8-18 years) | <input type="checkbox"/> Intermediate
(19 -30 years) | <input type="checkbox"/> Summer |

The subscription of..... payable through to

30% deposit required to establish membership: amount paid \$..... Effpos /Cash /Cheque

*I agree to abide by the rules of the club and any alterations and additions to them. This includes any changes arising from notices of motions passed at the AGM.
I also agree to the publication of my handicap and golf details on the NZGA officially sanctioned web sites and publications.
I am aware that this membership is for 12 months, and my liability for future subscriptions continues until I resign to the Administrator in writing.
I understand my membership application is conditional upon acceptance by the Board at the next monthly board meeting.*

Signed: Date: