

35 windmill road wainui, auckland 0992 admin@wainui.online

Membership Application Form

64 09 444 3437 www.wainui.online membership@wainui.online

Last Name (please print)		Middle	First	
Address		City	Postal	
Home Phone	Work Phone		Mobile Phone	
Email	Emergency Co	ntact	Emergency Phone	
Employer		Occupation		
Date of Birth:	Casual Golf Membership #:			
Previous Golf Club(s):				
Category Application:	Full Playing Full Play 10 Full Play 20 Full Play Pay as you Pl Weekday 9 Hole Intermediate	ay	Family Corporate Junior (ages 13 - 18) Junior Junior (12 & under) Social Dining Discount	
How did you find out abou	ut us – Friend/Radio/Newsp	paper/Website/Other	– specify	
Will Wainui be your Home	Club (handicap is held at h	nome club) Yes /	No	
			extra fee. The refunding of pla	aying
for 2 or more years, we unde		ant into the Club and ac	ring members of the Club, and cknowledge our responsibility	
Proposed by: Print Name	(#) Memb. No	Seconded by: Description Print Name		(#) Memb. No.

I acknowledge that my application for membership of the Peninsula Golf Club Inc.(trading as Wainui) is subject to by the Board and successful application will incur the cost of the Club's associated fees. These fees are due and payable at the point of application and will be refunded in full, less any associated charges, should for any reason the membership application not be ratified. I agree to abide by the Rules and by-laws of the Club and the decisions of the Board and Management.

Disclosure under Privacy Act 1993

I consent to my personal details such as my name and telephone number being included in the Club's annual programme and circulated to other members. You may provide me with advice and information concerning products and services that the Club believes may be of interest to me. I will advise the Club if I do not wish to receive this information.

Signed:	Date:	
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