



# Te Marua Golf Club (Inc)

675 Main Road North (SH2)  
Te Marua,  
Upper Hutt 5018

Tel: (04) 526 7020  
Fax: (04) 526 7822  
e-mail: temarua@golf.co.nz

## APPLICATION FOR MEMBERSHIP

I wish to apply for membership of Te Marua Golf Club Inc.  
Mr., Mrs., Miss, Ms.

..... Preferred first name .....  
First Names Surname

Address. ....  
.....

Telephone: Home: ..... Work: .....

Mobile: ..... Email: .....

Occupation ..... Date of Birth .....

Previous Golf Club (if any) ..... Previous NZGA Member Number (if any) .....

Class of membership: Full Playing ..... Midweek ..... 9 Hole .....  
Junior ..... Summer ..... Summer junior .....  
Non Playing .....

Couple? If partner is a member, please state their name. ....  
Bank Account for on-line payment: 02 0772 0009144 00  
Cheque/Cash/Eft-Pos attached for \$ .....

If elected I agree to abide by the Rules of the Club.  
If elected as a 9 Hole Member, I also agree that I must report to the Pro Shop before commencing play, that I may only play the holes designated for 9 Hole Members on the day of play and that I may not play more than 9 holes on any one day under any circumstances whatsoever and that this includes that I may not pay a green fee to play extra holes.  
If payment is by Bank Authority I agree to pay the Full Annual Subscription.

Signature ..... Date .....

Introduced by ..... Seconded by .....

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### Office Use.

Temp Membership Card .....	Membership Number .....
Starter Pack.....	Members Record Card .....
Application Displayed .....	Membership Card .....
Listed for Committee .....	Bag Tag .....
Computer Records .....	