



APPLICATION FOR MEMBERSHIP – MARCH 2023 TO FEBRUARY 2024

Please complete all sections in this form

Full Name (Please Print Clearly) _____
(first names) (surname)

Address: _____

Telephone: _____ Email: _____
(Please Print Clearly)

Prospective New Members Must Complete the Following Section

Do you wish Rarangi Golf Club to be your 'home club'? **YES/NO**
Have you resigned from your previous club? **YES/NO**
Are you a member of any other NZ Golf affiliated Golf Club(s)? **YES/NO**

Please give your current Club id # _____ Membership id # _____
(Also Required for Country Membership)

Category of membership sought: _____

Date of Birth: _____
(Required for Student & Junior Membership)

Rarangi Golf Club Bank Account number **02 0600 0007548 00**

<u>Membership Category</u>	<u>Price</u>
Full Member: -----	\$770
Mid-Week: -----	\$600
Junior(under19) 18Holers	\$75
Junior (19 to 24) -----	\$400
Student Learner:(under18)	\$50
Country: (O/S Marl.)-----	\$280
Associate: -----	\$400
Non-playing: -----	\$25
Summer -----	\$310
First time member -----	\$400

AGREEMENT

In accordance with the Privacy Act 2020, I am in agreement with the Rarangi Golf Club's rights to store, maintain and use the information I have provided in this form.

I understand that any disclosure of this information will be restricted to matters directly concerned with the daily operations of the Club.

I, the undersigned, agree to abide by the policies and rules of the Rarangi Golf Club.

Signed: _____ Date: _____

Membership Nominated by: _____

Action: (For Club Use Only)

1.	Secretary: -----	Copy to Club Captains/Membership Approved/Declined	Initials: _____
2.	Treasurer -----	Payment Received & Receipt Issued	_____
3.	Secretary -----	Member ID on dot golf allocated & new member pack issued	_____
4.	Membership Secretary -----	Retain on File	_____