



MEMBERSHIP NOMINATION FORM

Subscriptions 2018/19 including Capitation

| Category | Subs | Gst | Total |
|--|--------|--------|---------|
| Male Member | 455.00 | 45.00 | 500.00 |
| Female Member | 455.00 | 445.00 | 500.00 |
| Colt (18-23 yrs) | 315.00 | 31.00 | 345.00 |
| Colt (unemployed and full time students) | 221.00 | 22.00 | 243.00 |
| Country Member | 236.00 | 24.00 | 260.00 |
| Social Member | 60.00 | 6.00 | 66.00 |
| Junior Member | 68.00 | 7.00 | 75.00 |
| Family Membership (2 adults & Juniors) | 950.00 | 95.00 | 1045.00 |

CATEGORY OF MEMBERSHIP APPLIED FOR:

I,

ADDRESS:

..... **POSTCODE:**

OCCUPATION: **EMPLOYER:**

DATE OF BIRTH: **PHONE NO: AH**

BH

EMAIL:

I hereby make application for Membership of Wynyard Golf Club Inc. I understand that if accepted, I am bound by the Constitution and rules of the Club.

Previous Golf History

Golflink No:.....

LAST CLUB: **HANDICAP:**

DATE: **SIGNED:**

I, **NOMINATE THIS PERSON FOR** membership of this Club

DATE: **SIGNED:**

I, **Second This Nomination**

DATE: **SIGNED:**

NOTE: \$100 NOMINATION FEE MUST ACCOMPANY THIS FORM. THIS AMOUNT WILL BE DEDUCTED FROM YOUR PRORATA SUBSCRIPTION IF APPROVED. NOMINATION FEE DOES NOT APPLY TO JUNIOR AND SOCIAL MEMBER CATEGORIES.

RECEIPT NO.: