



# ISLAND PARK GOLF CLUB

## Membership Application

336 Brighton Road,  
Waldronville, Dunedin 9018  
Email: [ipgc@xtra.co.nz](mailto:ipgc@xtra.co.nz)

Title: Mr / Mrs / Miss / Ms

Surname: \_\_\_\_\_

First name/s: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_ Postal Address (if different): \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth:        /        /

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you belonged to another Club? If so, which \_\_\_\_\_ When \_\_\_\_\_

Nominated \_\_\_\_\_ Seconded \_\_\_\_\_

### **Membership requested**

- ☐ Full Member
- ☐ Mid-Week Member (Monday to Friday)
- ☐ Summer (October to March)
- ☐ Under 25 (1)
- ☐ School Pupil
- ☐ Country (2) Main Club Membership # \_\_\_\_\_

- (1) Must be no older than 24 years of age as at the 1<sup>st</sup> of January in each membership year. Copy of ID evidencing DOB to be provided at time of application.
- (2) Island Park GC to be member's secondary club and member is to live no closer than 30kms from club.

I, the above named, hereby make an application to become a member of the Island Park Golf Club Inc and agree to conform to the Constitution and Rules of the Club as follows:

1. I understand that the membership period ends on the 31<sup>st</sup> December of each year.
2. A subscription payment for each current year must be made by 31<sup>st</sup> January, if not received I am unable to play.
3. If I change address I will notify the golf club of my new address and phone number.
4. Membership card or bag tag must be carried at all times when at the club and provided upon request.
5. I agree that the information provided above may be used for any purpose the Club may deem fit in accordance with the Privacy Act 1993.

Signed \_\_\_\_\_ Date     /     /

**Note: Applications for membership are to be supported by a minimum deposit of \$100 which can be direct credited to the Club's bank account 031727-0037474-000. This will be refunded if your membership application is not approved. Remaining balance is to be paid in full upon issuance of an invoice.**

.....  
***Office use only***

- ☐ Member Pack
- ☐ Deposit received
- ☐ Application accepted
- ☐ Loaded in DotGolf
- ☐ Invoiced
- ☐ Tag Ordered

Sub to pay \$

Membership Number

Receipt No

Deposit

Received:

Cash / Eftpos / Direct Credit