



ISLAND PARK GOLF CLUB

Membership Application

336 Brighton Road,
Waldronville, Dunedin 9018
Email: ipgc@xtra.co.nz

PLEASE PRINT CLEARLY

Title: Mr / Mrs / Miss / Ms

Surname: _____

First name/s: _____ Preferred name: _____

Email address: _____

Home address: _____ Postal Address (if different): _____

Postcode _____ Postcode _____

Phone: Home _____ Mobile _____

Date of Birth: / /

Employer: _____ Occupation: _____

Have you belonged to another Club? Y / N If Y, Which _____ When _____ Membership # _____

Membership requested

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

Membership term

- Ongoing – this is the default so if neither option is ticked, you will be automatically renewed at the end of each membership term and sent a renewal invoice for the subsequent year.
- Automatic expiry at end of subscription period (if selected you will be automatically resigned from the club at the end of the membership term and will need to reapply for membership for any further terms).

(1) Must be no older than 24 years of age as of the 1st 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 acknowledge and agree to:

1. By becoming and to remain a member of the Club, I also become and must remain a member of Golf Otago and Golf NZ.
2. I am bound by, and will comply with, the Constitution and Bylaws/Rules of the Club, and to the extent they apply, the rules, procedures and/or policies of Golf Otago and Golf NZ.
3. I understand that the membership period ends on the 31st December (31st March for Summer) of each year.
4. A subscription payment for each current year must be made by 31st January (31st October for Summer), if not received I am unable to play.
5. I will ensure my contact details are kept up to date through the NZ Golf website (www.golf.co.nz) or failing that, I will ensure the Club is promptly advised of any changes.
6. Membership bag tag must be always carried when at the club and provided upon request.
7. I agree that the information provided above may be used for any purpose the Club may deem fit in accordance with the Privacy Act 2020.

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 line with instructions of email confirming approval of membership.

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Office use only

- Deposit received
- Application approved
- Loaded in DotGolf
- Welcome Email sent
- Invoiced (if required)
- Tag Ordered

Sub to pay \$

Membership Number

Receipt No

Deposit

Received:

Cash / Eftpos / Direct Credit