



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 _____ 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 # _____

Membership term

- ☐ Ongoing – this is the default if neither option is ticked & means you will be sent a renewal invoice for next 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 agree to conform to the Constitution and Rules of the Club as follows:

1. I understand that the membership period ends on the 31st December of each year.
2. A subscription payment for each current year must be made by 31st January, if not received I am unable to play.
3. I will ensure my contact details are kept up to date through the NZ Golf website (www.golf.co.nz).
4. Membership 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 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 full upon issuance of an invoice.

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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