



NOMINATION FORM

To the Manager:

We, _____ (PROPOSER) & _____ (SECONDER)

Being members of Otaki Golf Club (Inc), hereby nominate

| | | | |
|--|----------------------|----------------------------|--|
| Mr / Mrs / Miss / Ms | (Print Name in Full) | | |
| Home Address | | | |
| City/Town | | Post Code: | |
| Telephone: Landline | | Mobile: | |
| Email | | | |
| Occupation | | | |
| Date of Birth | (Juniors only) | | |
| Next of Kin: Name | | Phone No: | |
| for Membership of Otaki Golf Club | | | |
| Membership Category | | | |
| Subscription Fee | | | |
| If previously a member here, or of another club, please state | | | |
| If a current handicap is held, please note it here (Please ensure you have resigned from your previous Club so we can pick up your handicap) | | Club ID: _____ Hcap: _____ | |

I agree to the above nomination, and if duly elected I agree to abide by all rules and bylaws of the Club.

I consent to the publication of my name and telephone number in the club programme each year, and the collection and display on the NZGA website of information concerning my golf scoring records as set out in the NZGA Privacy Act.

Signed _____

Date _____

Bank Acct Details: ANZ 06-0541-0295892-00 *Please use your name as reference.*

OFFICE ONLY

Subscription Fee: \$ _____

Dot Golf:

Mailchimp:

TOTAL: \$ _____

Phone List:

Autoscore:

E-mail List:

Accepted:

Deposit Paid: \$ _____

Receipt Number: _____

Disc:

Invoiced:

Balance Due: \$ _____

Bag Tag:

Welcomed:

Otaki Golf Club, Old Coach Road, PO Box 55, Otaki 5512 P: 06-364 8260

E: office@otakigolfclub.co.nz W: www.otakigolfclub.co.nz F: [facebook.com/OtakiGolfClub](https://www.facebook.com/OtakiGolfClub)