



MEMBERSHIP FORM

(Print Name in Full)			
Mr / Mrs / Miss / Ms			
Home Address			
City/Town		Postcode:	
Telephone: Landline		Mobile:	
Email			
Occupation		Vaccinated:	
Date of Birth (Age Group Categories)			
Next of Kin: Name		Phone No:	
for Membership of Ōtaki Golf Club			
Membership Category			
Subscription Fee			
If previously a member here, or of another club, please state			
Previous membership number			

I agree to the above nomination, and if duly accepted 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 _____

OGC Bank Account details for payment: 06-0541-0295892-00. (Please use your name as reference)

OFFICE ONLY

Subscription Fee: \$ _____ Receipt Number: _____
 Deposit Paid: \$ _____
 Balance Due: \$ _____

Dot Golf: _____
 Phone List: _____
 E-mail List: _____
 Name Disc: _____
 Mgmt meeting date: _____

Mailchimp: _____
 Accepted: _____
 Invoiced: _____
 Welcomed: _____