

ARROWTOWN GOLF CLUB

Application For Membership

The Secretary
Arrowtown Golf Club
166 Centennial Avenue
ARROWTOWN 9371

I wish to make application for membership of the Arrowtown Golf Club and agree to abide by the rules of the Club.

I would like to join as a: (*tick*) | Full | Under 30 | 9 Hole | Member.

I am a full financial member of the _____ Golf Club.

My current membership number is: _____ - ____

(Write full 7-digit NZ DotGolf ID. If not present your Handicap/Playing record will not be linked to your AGC Membership!)

Name:

Preferred First Name:

Telephone Number:

Home:

Work:

Date of Birth:

Residential Address:

Postal Address:

Email Address:

Nominator:

Seconded:

Applications will only be accepted with payment!

FOR DIRECT DEBIT: 02 0948 0015389 00

FOR OFFICE USE: Amount Paid:

Date:
