

2020 Membership Application Form
Queenstown Golf Club Incorporated
759 Peninsula Road, Kelvin Heights
Queenstown, New Zealand
PO Box 2141, Wakatipu 9349



Queenstown Golf Club
NEW ZEALAND

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First Name:.....Surname:.....

Gender: Male / Female

Postal Address:.....

Occupation:..... Date Of Birth:.....

Contact Phone Numbers:.....

E-mail address:.....

Nominator: Second:

Type of Membership: (Tick the appropriate box) - Membership expires 31/12/2020

<input type="checkbox"/>	Full Playing	\$750
<input type="checkbox"/>	Under 30 Yrs	\$570
<input type="checkbox"/>	Under 25 Yrs	\$450
<input type="checkbox"/>	Under 21 Yrs	\$250
<input type="checkbox"/>	9 Hole	\$450
<input type="checkbox"/>	NZ Country	\$500
<input type="checkbox"/>	Limited	\$180

Previous membership of any Golf Club

Name of Club:.....

Have you had a handicap within the last 2 years? Yes / No

Do you want a handicap at this Club? Yes / No

Other club 7 digit membership number?

Country Membership

You must live at least 30km from the course and be a full member of an affiliated golf club in New Zealand.

Limited Membership

Must be a Spouse, Partner or dependent of a Full Playing Member. No handicap or voting rights. Must play with the nominated family member at all times.

Subscription payments must accompany this form

Amount Paid: \$.....

I, the undersigned, declare that the above is correct and hereby agree to abide by the rules set down by the New Zealand Golf Association Inc. and any local rules set by the Queenstown Golf Club.

Signed:..... Date:.....

Direct credit payments can be made directly to our bank account: Westpac 03-0675-0339758-00
Please reference your first and last name when making online membership payments. Thank you.