



WAIMAKARIRI GORGE GOLF CLUB MEMBERSHIP FORM

APPLICANT INFORMATION

FIRST NAME	SURNAME
ADDRESS	
TOWN	PHONE
POSTCODE	DATE OF BIRTH (Mandatory)
EMAIL (Mandatory)	

MEMBERSHIP TYPE (2026 RATES)

FULL \$490	JUNIOR PS \$50	JUNIOR SS \$100
ASSOCIATE \$400	LEARNER INTRODUCTORY (MAX 2 YEARS) \$100	
9 HOLE \$400	SOCIAL \$50	
FULL TIME STUDENT \$260	VIRTUAL \$110 see account details for virtual below	
SUMMER \$250	WINTER \$365	
SUBSCRIPTION AMOUNT BEING PAID \$		

PAYMENT NOTES

*Payment to be made with application by either eftpos at the club or direct credit to Waimakariri Gorge Golf Club account no 02 0876 0017085 00 (Please use your name as the reference). For Virtual membership please pay Account name -Virtual Membership 02-0876-0017085-003

*If you pay by direct credit please email confirmation to membership@waimakgolf.nz

*Application form can be scanned and emailed to: membership@waimakgolf.nz

GOLFING HISTORY

Do you still belong to another NZ affiliated Golf Club? YES ☐ NO ☐	
IF YES:	NAME OF CLUB
	CURRENT GOLF ID NUMBER
	CURRENT HANDICAP INDEX
	WHICH CLUB WOULD YOU PREFER AS YOUR HOME CLUB?
IF NO:	HAVE YOU EVER BEEN A MEMBER OF A NZ GOLF CLUB? YES ☐ NO ☐
	APPROXIMATELY HOW LONG AGO?
	CLUB NAME & NUMBER (IF KNOWN)

NOTES

* This application should be submitted with the appropriate joining fee.

* The applicant agrees to abide by the club rules at all times.

* The applicant understands that their membership becomes effective following club approval.

* Membership cards will be issued after agreement and must be carried and shown on request.

* All details will only be used for club purposes as agreed by the management committee.

* By signing this application, I agree to the above terms and conditions.

SIGNATURE

Signature of Applicant	Date
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