

GERALDINE DISTRICT GOLF CLUB (INC)
Nomination Form

NAME: _____
POSTAL ADDRESS: _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

MEMBERSHIP CATEGORIES: Tick appropriate box

- Full** - Full playing rights
- 9 Hole** - May not play more than 9 holes on any one day except under special circumstances as granted by the Management Committee
- Country** - A full playing member of another NZ Registered Golf Club and will have full playing rights at Denfield but is not eligible to play in Club Championships
- Associate** - Entitled to play at Denfield not more than twice in any financial year. Is eligible to make use of clubhouse facilities. No NZGA Handicap.
- Summer** - Full playing rights during Daylight Saving.
- Junior** - Over 12 and under 24 years of age at start of Club's year and has full playing rights.
- School child**- 6 – 11 years school pupil. Playing restrictions apply - must have adult supervision while on Course.
- Midweek Handicap** – Playing rights Monday to Friday with NZGA Handicap – not eligible for Club Cups and Trophies including Club Championships.
- Midweek Social** – Playing rights Monday to Friday no NZGA Handicap. Non competitive.

Junior / School Child Date of Birth: _____

Proposer: _____ Seconder: _____

Nominee Signature: _____ Date: _____

HANDICAP INFORMATION:

NEW MEMBER ID NO: _____

Please provide the following information to enable your golfing history to be downloaded.
If you have not been a member of a golf club before it is only necessary to answer the first 2 questions.

NAME: _____
First Name *Surname*

1. Are you currently, or have you previously been a member of any golf club in N.Z.? Yes / No
2. Do you wish Geraldine to become your primary club ? Yes / No
3. If "Yes", have you resigned from your previous club ? Yes / No
4. If Geraldine is not your primary club please state which club is: _____
5. What is / was your last club and member I.D. number ? Club I.D. _____ Member I.D. _____