

Cromwell Golf Club (Inc.)

Established 1903

PO Box 27, Cromwell 9342 Central Otago, New Zealand Phone (03) 445 0165 Email: cromwell@cromwellgolf.co.nz Website www.cromwellgolf.co.nz

Great golf is a matter of club selection

APPLICATION FOR MEMBERSHIP 2020-2021

NAME	(First Names)	ames) (Surname)		
PREFERRED FIRST NAME				
EXISTING or FORMER CLUB			HANDICAP	
CLUB & ID NUMBER	(Mandatory f	for Country Membership)		
RESIDENTIAL ADDRESS				
POSTAL ADDRESS (if different from Above)				
PHONE NUMBERS Hou	me	Cellphone		
Email			ick box if you wish to receive news via emai	
CLASS OF MEMBERSHIP A	PPLIED FOR - (Please cir	rcle). Fee shown is for ful	l year, October 1 st – 30 th September	
FULL PLAYING \$700		MEMBER \$400 mpetition)	COUNTRY MEMBER \$350 (Must be a Full Member of an affiliated Club)	
SCHOOL MEMBER (10%) \$	70 JUNIOR W	MEMBER (25%) \$175	JUNIOR MEMBER (50%) \$350 (22 - 25 Years)	
· •		irth	Date of Birth	
9-HOLE MEMBER \$495 STARTER MEMBER \$35 New to golf (2 year max			JUNIOR MEMBER (75%) \$525 (26 – 29 Years) Date of Birth	
SIGNATURE	DATE _	PROPO	SER	