



WINDROSS FARM

GOLF COURSE

MEMBERSHIP APPLICATION

Subscription Year: 1 October – 30 September

Full	Sunday	Weekday	9 Hole	U/30	U/35	Elite U/20	U/20

Surname: _____ First Name(s): _____

Preferred Name: _____ DOB: ____/____/____ Current Age: _____

Gender: _____ Address: _____

City: _____ Post Code: _____

Home Phone: _____ Mobile: _____

*Email Address: _____

CURRENT NZ Golf Club(s) & Membership Number(s): _____

FORMER NZ Golf Club(s) & Membership Numbers(s): _____

HANDICAP: _____

Emergency Contact Information*

First and Last Name: _____ Relationship: _____

Phone: _____

I hereby apply for membership status at Windross Farm Golf Course.

Payment of subscription serves as acknowledge/agreement of the Club's constitution and standing orders.

- All term payments are subject to a 10% admin fee, available for select membership categories. Monthly instalment option available. All term payments are due the 1st of each month.
- When making payment, we accept exact cash, eftpos, online direct payments and most credit cards. **(Please note, a credit card surcharge applies to all payments made at the club. 2.5% Visa, Mastercard. 5% Diners).**

All information I give will be held by the club, but I can access and correct these details at any time under the Privacy Act 1993. You may provide me with advice and information concerning products and services that the club believes may be of interest to me. I will advise if I do not wish to receive this information.

Applicant Signature: _____ Date: ____/____/____

Nominated by: _____ Date: ____/____/____
(Member Signature and Membership Number)

Seconded by: _____ Date: ____/____/____
(Member Signature and Membership Number)

OFFICE USE ONLY	Membership ID	587 ____
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(09) 281 5430

office@windrossfarm.co.nz

www.windrossfarm.co.nz

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