

**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 from Closing Day to Opening Day.
- Junior** - Over 11 and under 19 years of age at start of Club's year and has full playing rights.
- School child** - Not younger than 6 years and a full-time school pupil. Playing restrictions apply - must have adult supervision while on Course.

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. \_\_\_\_\_