



OMARAMA GOLF CLUB

Membership Application

Membership No.:	_____
Processed:	_____
Payment:	_____
Card Sent:	_____

Name: _____

☐ Male ☐ Female

Street Address: _____

Suburb: _____

Town/Country: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email Address: _____

Handicap Index (if you have one): _____

If you are also a member of another club, what is your 7 digit ID number and the name of your home club? (Also required for Country Membership). Which Club for Handicap?

If you have been a member of a club in the past please supply details including past membership ID numbers.

Membership is for one year: April to March, \$150 (no pro rata membership offered)

Country or Social Membership: \$100. (Note: this does not give sister club access.)

Make Cheque made out: Omarama Golf Club Inc, OR direct credit to:

Omarama Golf Club, ANZ, Twizel

Bank Account number: 06 0927 0030061 00

Please include your Full Name on our statement to identify payment.

Return your application and cheque to:

Omarama Golf Club

ATTN: The Secretary

PO Box 137

Omarama Nth Otago 9412, New Zealand

or email to: secretary@omaramagolfclub.co.nz