

Pauanui Sports & Recreation Club Membership Application



Mr/Mrs/Miss/Ms	Surname:	First Name:	Date of Birth:
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Type of Membership: **Adult** **Intermediate** **Junior**

Family Membership Details:(for Family membership only)

Address:

Pauanui Address:

Contact Number:
Mobile Number:

Email Address:

Category of Membership
Recreational/Golf/Bowls/Tennis/Full Sport
(IF YOU HAVE CHOSEN TO BE A GOLF or BOWLS MEMBER THIS ALSO ENTITLES YOU TO TAKE MEMBERSHIP OF THE PAUANUI GOLF CLUB or PAUANUI OUTDOOR BOWLS)**

****Do you wish to be a member of the Pauanui Golf Club Y/N**

If yes do you wish it to be your Home club Y/N

I hereby apply for membership to the Pauanui Sports and Recreation Club Inc. I agree to accept and abide by the set Rules & Regulations of the club and certify that all the information on the application is correct. I acknowledge that I haven't given false information on this form it may result in the automatic cancellation of my membership regardless of whether I have already made payment.

Signature of Applicant:

Signature of Guardian (if under 18):

Date:

Cash/Cheque/Eftpos/Visa/Mastercard/Amex

Card: _____ **Expiry**

Date: _____

Membership Card No:

Date Processed:

Receipt Number:

AMOUNT PAID