



## Application for Corporate Membership 2009/2010



Please complete the application form below, and return it with your cheque made out to **Turftech** to: **PO Box 25639, St. Heliers, Auckland 1740**. Alternatively, if paying by Direct Credit you could fax to **(09) 579-4202**, or email to [golf@turftech.co.nz](mailto:golf@turftech.co.nz). Your membership will be processed once payment has been received in full.

1. Company Name:

2. Company No.:

3. Address:

#### 4. Contact Details:

Contact Person:  Mr  Mrs  Ms  Miss Other

First Names   
Surname

Telephone     
Home Work Mobile

Email

#### 6. Membership Type (Select)

	Subscription	NZ Golf Levy	Total Subscription
Corporate 1-card	\$1,575.00	\$50.00*	\$1,625.00
Corporate 2-card	\$2,750.00	\$100.00*	\$2,850.00
Corporate 3-card	\$3,950.00	\$150.00*	\$4,100.00
Corporate 4-card	\$5,500.00	\$200.00*	\$5,700.00

\* Levy only required if nominated individual(s) require a handicap

\* Please fill out attached Nominated Member details if required.

I wish to pay by cheque  Tax Invoice required?

Direct Credit to ASB Bank 12-3027-0403321-54 (Reference=Company Name)

**Declaration by Applicant** I hereby confirm I am authorised to apply on behalf of the above-mentioned company for corporate membership of Formosa Golf Club. I understand that this membership entitles the Company to one round of golf per card number per day on presentation of the corporate membership card (eg. 2-card membership entitles the company to 1 round for 2 players on any given day). In terms of the Privacy Act 1993, I hereby authorise the publishing of the Company's name and telephone number in the Club programme each year.

\_\_\_\_\_  
Signed by Applicant

\_\_\_\_\_  
Date

#### Office Use Only:

Payment Received	\$	Cash/Cheque/EFT/ Credit Card		Membership No.	
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## Nominated Corporate Member Details



leaders in turf management

### ***Nominated Member 3***

<b>1. Name:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/>
First Names <input type="text"/>
Surname <input type="text"/>
<b>3. Address:</b> <input type="text"/>
<input type="text"/>
<input type="text"/>
<b>4. Contact Details:</b>
Telephone <input type="text"/> <input type="text"/> <input type="text"/>
Home Work Mobile
Email <input type="text"/>
<b>5. Previous Golf Club Membership</b>
Club <input type="text"/> Membership No. <input type="text"/> Handicap <input type="text"/>

### ***Nominated Member 4***

<b>1. Name:</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/>
First Names <input type="text"/>
Surname <input type="text"/>
<b>3. Address:</b> <input type="text"/>
<input type="text"/>
<input type="text"/>
<b>4. Contact Details:</b>
Telephone <input type="text"/> <input type="text"/> <input type="text"/>
Home Work Mobile
Email <input type="text"/>
<b>5. Previous Golf Club Membership</b>
Club <input type="text"/> Membership No. <input type="text"/> Handicap <input type="text"/>