

Nomads Golf Club



MEMBERSHIP APPLICATION

Name _____

Spouse/Partner _____

Home Telephone _____

Business Telephone _____

Mobile _____

Email _____

Residential Address _____

Home Golf Club _____

Handicap Index _____

Occupation _____

Title _____

Brief description of business activities (these will be recorded on our website for networking purposes) _____

Proposer _____

Secunder _____

Date _____

Please send your completed application form along with a cheque for \$150 to:

The Secretary

Nomads Golf Club

PO Box 6444

Wellesley Street 1141

Auckland, New Zealand