

Waikato District Veterans Golfers Association Inc

I hereby apply for Life Membership of the Association

My Club is

Surname

My Birth Year is

First Name to be used on badge

Club No Player ID

My Postal Address is

.....
.....

Postcode Ph No

Email Address

Signed.....
Date

All applicants must be a minimum of 50 years of age

APPLICATION FEE IS \$50.00

On line payment to 031555 0091211 00 is preferred and send form to the Secretary.

To: The Secretary,
G A Hill
9 Catherine Crescent
Te Aroha 3320

*Sending cash via NZ post is PROHIBITED
DO IT AT YOUR OWN RISK*

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