LINCOLN GOLF CLUB (INC

44 Boundary Road, P.O Box 69005 Lincoln CHRISTCHURCH 7640

APPLICATION CATEGORY	COMPUTER NUMBER
Date:	
SURNAME	TITLE: Mr/Mrs/Miss/Ms
GIVEN NAMES	
Name that you would like your fellow m	nembers to call you
ADDRESS	
POST CODE	
PHONEE-M	AIL ADDRESS
OCCUPATION	
AGE IF UNDER 18 YEARS	DATE OF BIRTH
NAME OF PREVIOUS CLUB	MEMBER ID
If you are a member of another Club your home Club is	please indicate if you want Lincoln to be your home Club or where
HOME CLUB	
I (signatu LINCOLN GOLF CLUB (INC)	ure) AGREE TO CONFORM TO AND OBSERVE ALL RULES OF THE
PROPOSER:	SIGNATURE OF PROPOSER
SECONDER:	SIGNATURE OF SECONDER nt members of Lincoln Golf Club.

DISCLOSURE UNDER THE PRIVACY ACT 1993

Your score, the course played and the date the round was played will be placed on the NZGA public website. If you do not wish the date and course displayed inform the Club Secretary. Your handicap will be displayed on the NZGA public website and on the handicap board at the clubhouse.

Personal details such as members' names, addresses and telephone numbers will be included on membership lists which may be displayed in the clubhouse and/or circulated to other members. Your name and address will be placed on the NZGA database.