



## Carrington Golf Club Membership Renewal Form 01 March 2025 – 28 February 2026

### Individual Information

Name: Mr/Mrs \_\_\_\_\_  
(First Names) (Surname)

Postal Address \_\_\_\_\_  
Country: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality \_\_\_\_\_

Company & Occupation: \_\_\_\_\_

Current Golf Course Memberships Yes / No

Name of Clubs: \_\_\_\_\_

### Junior Member Information

Name: Mr/Miss \_\_\_\_\_  
(First Names) (Surname)

Postal Address \_\_\_\_\_  
Country: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Nationality \_\_\_\_\_

Current Golf Course Memberships Yes / No

Name of Clubs: \_\_\_\_\_

*I hereby renew my Membership at Carrington Resort Golf Course and agree to comply with and be abiding by the rules of Carrington Resort Golf Course.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

[info@carrington.co.nz](mailto:info@carrington.co.nz)

### **Office Use Only:**

Date of Payment: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Received By: \_\_\_\_\_