



MEMBERSHIP APPLICATION FORM

Complete the form below
Email to membership@hagleyoval.co.nz

Contact us
027 255 8588
hagleyoval.co.nz

Membership Name (Individual or Business) :

Date : / /



MAIN CONTACT

Full Name

Preferred Name

Date of birth

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y

Email

Contact Number

<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ADDITIONAL CONTACT

Name

Email

Contact Number

<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mobile Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office use only

Membership No :

Processed by :

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y



MEMBERSHIP APPLICATION FORM

CONT...



PHYSICAL ADDRESS

Address

City

Postcode



MAILING ADDRESS

Same as above tick here

☐

Address

City

MEMBERSHIP CATEGORY :

1 Season
Domestic

☐

1 Season
FULL

☐

1 Season
UNDER 35

☐

5 Season
FULL

☐

Number of Memberships required

If you'd like to pay for a 5 season
Full membership up front and
receive a 10% discount please tick
the box

☐

Select your preferred payment method

Invoice / Bank Transfer

☐

Online by Credit Card

☐

In person by card

☐

SIGNATURE