

APPLICATION FOR GOLF MEMBERSHIP

Class of Membership **GOLF** – [7]-[7 Rec]-[6]-[3]-[2]-[LS]-[INT]-[JUN]-[CAD]-[CTRY]-[NP]-[SOCP]

Title _____ Surname _____ Christian Names _____

Preferred Name _____ DOB _____

Residential Address _____

Suburb _____ State _____ Post Code _____

Proof of Address Provided [YES] or [NO] Staff Signature _____

Drivers Lic Number _____ Other _____

Post Address _____

Telephone _____ Mobile _____ Fax _____

Email _____ Occupation _____

Previous Golf Clubs _____

Existing Golf Clubs _____

I will apply for a new handicap at New Brighton Golf Club

I wish to transfer my handicap from my previous club _____ and have New Brighton Golf Club as my home club, my previous golf link number is _____

I wish to retain _____ as my home club, my Golf link number is _____

I _____ desire to become a member of the New Brighton Golf Club Limited and request you to enter my name on the register of members accordingly, and I agree to be bound by the Memorandum and Articles of Association and any Rules, Regulations or By-laws of the Company that are in force for the time being.

Dated this _____ day of _____ 20_____

Signature of applicant _____

Nominated by _____ Badge Number _____

Seconded by _____ Badge Number _____

OFFICE USE ONLY

Amount Received \$ _____ Receipt No _____ Date _____

Badge No _____ Staff Name & Signature _____

Monthly Direct Debt [Yes]-[No] Chq/Cash/Eftpos/Credit Card – Entered in Member Magic [Yes]-[No]