

# COFFS HARBOUR GOLF CLUB

## Membership Application

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**Type of Membership being applied for (Please tick):**

Full  Member    Colt  (18-21)    Student  (ID Req.)    Junior  (10-14)    Country  (ID Req.)    House  (Social only)

\*Title: \_\_\_\_\_ \*Surname: \_\_\_\_\_ \*Given Name: \_\_\_\_\_

\*Preferred Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

\*Residential Address: \_\_\_\_\_

\*Suburb: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Postcode: \_\_\_\_\_

Mailing Address (if not the same as above): \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

\*D.O.B: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Phone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

### GOLFING MEMBERS ONLY

\*Will Coffs Harbour Golf Club be your home club (handicap is held at home club)? Yes  No

\*If no, please specify where handicap to be held: \_\_\_\_\_

\*Current Golflink number: \_\_\_\_\_ Handicap: \_\_\_\_\_

*(Please supply current golflink in order for rounds to be entered for handicapping)*

Are you currently a financial member of any other Golf Club? Yes  No

If so which club/s? \_\_\_\_\_ Year/s: \_\_\_\_\_

\*Do you wish to receive promotional material from the club via email? Yes  No

How did you find out about us? \_\_\_\_\_

Why did you join Coffs Harbour Golf Club? \_\_\_\_\_

**Privacy Policy:** The information requested on this form is required to be collected under the Registered Club Act 1976. The material will be used to keep members informed of Club matters and special services offered and available to them.

If you **do not** wish to receive any mail outs sent by the club or its associated business partners please **tick the box**.   
The information will not be used for anything other than the purpose of collection.

I hereby apply for membership of **Coffs Harbour Golf Club Limited** and in the event of my being elected, I agree to abide and be bound by the Articles of Association and By-laws of the said Club for the time being in force.

\*Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Guardian: \_\_\_\_\_ Signature of Guardian: \_\_\_\_\_  
(If under 18 years of age)

**PLEASE NOTE: Membership of the Coffs Harbour Golf Club is non-transferable & non-refundable.  
Membership fees must accompany application form.**

### \*PROPOSER

We, being financial, adult members of the Coffs Harbour Golf Club, do hereby nominate the for-mentioned applicant for membership. From our personal knowledge, we consider the candidate to be an eligible applicant in every way.

**NOTE:** 1. Proposer shall be answerable for the eligibility of the candidate.  
2. Application, together with fees, should be handed or posted to:  
**The Secretary, Coffs Harbour Golf Club, PO Box 153, COFFS HARBOUR 2450**

Print Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

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

### OFFICE USE ONLY – MUST BE COMPLETED

Date applied: \_\_\_\_\_ Membership #: \_\_\_\_\_ Membership Class: \_\_\_\_\_

Issued to: \_\_\_\_\_ Subs fee: \_\_\_\_\_ Total Paid: \_\_\_\_\_  
(staff name)

If paying by Direct Debit, has form been completed? Yes  No  Direct debit to start: \_\_\_\_\_

Month application will go to Board for approval: \_\_\_\_\_