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COFFS HARBOUR GOLF CLUB
Membership Application

Type of Membership being applied for (Please circle):

Table with 7 columns: FULL, COLT (18-21), STUD (18-25), JUNIOR (15-17), S/JUN (10-14), COUNTRY, HOUSE (SOCIAL)

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_
\_\_\_\_\_ POSTCODE \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TELEPHONE: HOME: \_\_\_\_\_ MOBILE: \_\_\_\_\_ WORK: \_\_\_\_\_

MEMBERSHIP OF PREVIOUS CLUB: \_\_\_\_\_ YEAR: \_\_\_\_\_

HANDICAP: \_\_\_\_\_ WHERE HANDICAP TO BE HELD: \_\_\_\_\_

E-MAIL: \_\_\_\_\_@\_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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.

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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 and seconder 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

PROPOSER: Print Name \_\_\_\_\_ Member No \_\_\_\_\_
Signature \_\_\_\_\_

PLEASE NOTE: Membership of the Coffs Harbour Golf Club is non-transferable and non-refundable

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Office Use Only

|                  |                 |                         |                             |
|------------------|-----------------|-------------------------|-----------------------------|
|                  |                 |                         |                             |
| <b>SUBS FEE</b>  | <b>NOM FEE</b>  | <b>HANDICAP CHECKED</b> | <b>GOLFLINK NO. CHECKED</b> |
|                  |                 |                         |                             |
| <b>DATE PAID</b> | <b>REC. NO.</b> | <b>MEMBER NO.</b>       | <b>CLASS OF MEMBER</b>      |

IF PAID IN FULL, HAS INTRODUCTORY KIT BEEN GIVEN? \_\_\_\_\_

IF PAYING BY DIRECT DEBIT, HAS DIRECT DEBIT FORM BEEN COMPLETED? \_\_\_\_\_

APPROVED AT BOARD MEETING: DATE: \_\_\_\_\_

WELCOME LETTER & MEMBERSHIP CARD SENT? \_\_\_\_\_

MEMBERSHIP NUMBER ENTERED INTO POS? \_\_\_\_\_