

MEMBERSHIP APPLICATION

I, the undersigned, wish to apply for membership of the Goldfields Golf Club (Inc.) in the following category:
(please circle)

ORDINARY	SUB-JUNIOR 0-11yrs incl.	SUB-JUNIOR 12-14 yrs incl.	JUNIOR 15-17 yrs incl.	TRANSITIONAL 18-20 yrs incl.
Nomination \$200	Nomination \$50	Nomination \$50	Nomination \$50	Nomination \$50
Annual Fee \$1175.00	Annual Fee \$226.00	Annual Fee \$267.00	Annual Fee \$415.00	Annual Fee \$663.00

APPLICANT'S DETAILS

SURNAME _____ FIRST NAME _____

POSTAL ADDRESS _____

SUBURB _____ POSTCODE _____

HOME PH _____ WORK PH _____

MOBILE PH _____ EMAIL ADDRESS _____

DATE OF BIRTH _____ PREVIOUS CLUB (Current or Past) _____

HANDICAP (Current or Past) _____ GOLF LINK NUMBER (Current or Past) _____

SIGNATURES

The prescribed nomination fee is attached herewith. If my membership application is successful I agree to be bound by the Constitution and the regulations of the Goldfields Golf Club (Inc.).

Please note: Playing rights will not be granted until a Member Introduction is completed. Contact the Club Administrator on 9021 1330 to arrange a mutual time.

(Parent or Guardian to sign for applicants <18 years of age)
SIGNATURE OF APPLICANT

NAME OF PROPOSER _____ SIGNATURE OF PROPOSER _____
I certify that I am a current financial member of the Goldfields Golf Club (Inc.) & over 21 years of age.

NAME OF SECONDER _____ SIGNATURE OF SECONDER _____
I certify that I am a current financial member of the Goldfields Golf Club (Inc.) & over 21 years of age.

OFFICE USE ONLY:

APPROVED MEMB # ENTERED INVOICED PAID PROCESSED MEMB PACK INTRODUCTION