

Tenterfield Golf Club Ltd

NOMINATION FORM

The Secretary/Manager.
Tenterfield Golf Club Ltd
PO BOX 217
TENTERFIELD 2372

Date _____

Mr, Mrs, Ms, Miss

I,

_____ (Christian name)

_____ (Surname)

OF,

_____ (Full residential address)

_____ (Please supply Postal address)

Occupation _____

Phone No: _____ Date of Birth: _____

Mobile: _____ Email: _____

Make application to become (Tick where applicable)

- (Playing) member
- Junior (playing) member
- Student member
- Social Member
- Country (playing) Member

I was previously a member of _____ Golf Club where my handicap was _____

I further request that you enter my name on the Register of Members accordingly, subject to your Constitution, and I agree that if admitted to Membership I will be bound by the terms of such Constitution.

I hereby elect to receive my Annual Return via _____ (Email/Post/None)

Signature: _____

TO BE COMPLETED WHERE APPLICANT IS UNDER 18 YEARS OF AGE ONLY

Date of Birth ____/____/____ Proof of age sighted: Yes / No

Signature of Committee member sighting proof of age:

Enclosed is \$ _____ being subscription in full provisional of my acceptance.

We, being financial ordinary (playing) members of Tenterfield Golf Club Ltd wish to propose the above named a member of the club.

(Proposer)

(Secunder)