

SUSSEX INLET GOLF CLUB
ABN 73 073 954 346
CLUB MEMBERSHIP NOMINATION FORM
PLEASE PRINT CLEARLY

I, Mr, Mrs, Miss or Ms (given names).....

(Last name)..... of

.....P/code.....

E-Mail Address

Date of Birth.....Phone: Home.....Mobile.....

Hereby apply to become a **PLAYING / JUNIOR** (circle one) member of the Sussex Inlet Golf Club Ltd , subject to the Constitution and / or rules and bylaws of the above Club. (No member under 18yrs can vote at the A.G.M. or participate in Club activities relative to adult Members.e.g. Badge Draw, Liquor promotions.

Name of Golf Club which I (a) am a member.....

(b) Was a member.....

(c) Home Club.....

Last known handicap.....

Have you ever been suspended , expelled or asked to resign from any Club ? YES NO

If so, state Club or Clubs.....

Signature of Applicant.....**Date**.....

Proposer (Print Name).....**M/Ship No**.....

Seconder (Print Name).....**M/Ship No**.....

.....
Signature of Proposer

.....
Signature of Seconder

Please present identification (eg. Drivers licence, Medicare card) with this form.

Payment of appropriate membership fee required on acceptance.

Receipt of fees does not constitute Membership which is subject to the approval of the Board of Directors.

CLUB USE ONLY

Receipt No.....Date.....Amount.....

Identification: Drivers Licence No.....Other.....

Accepted / Rejected Committee Meeting Date.....M/Ship No.....

Reason for rejection.....