

Swansea Golf Club Inc

Application for Membership

PO Box 12 SWANSEA Tasmania 7190

Phone/Fax: (03) 6257 8262

Email: swanseagolfclub1@bigpond.com

I

Mr/Mrs/Ms/Miss

First Names:

Surname:

of

Address:

Suburb:

Post Code:

Hereby apply for membership of Swansea Golf Club Inc, and if this application is accepted, agree to be bound by the rules of the club.

Membership applied for (please tick)

Full Member

\$265

Junior Member (14-18 yrs of age)

\$40 First year free

Sub Junior Member (under 14 yrs of age)

\$40 First year free

Social Member

\$20

As a requirement of acceptance to the Swansea Golf Club Inc you must

YES

declare if you have ever been suspended or expelled from any Golf Club?

NO

DETAILS REQUIRED

Telephone No: _____

Email address: _____

Mobile: _____

Date of Birth (if under 18 yrs) _____

Are you a beginner: Yes No

If **NO**: State previous Club: _____

Golf Link No

& previous handicap: _____

Application Date: _____

Applicants Signature: _____

Proposer: (PRINT) _____

Signature: _____

Seconder: (PRINT) _____

Signature: _____

Applicants for Membership please note:

1 Your proposer and seconder must have been a member of the Club for at least 12 months.

2 \$25.00 nomination fee must accompany this application, if applying for full membership.

OFFICE USE ONLY:

Application approved by Committee: YES NO

Date lodged: _____

Date of Committee meeting: _____

Receipt No: _____

for(\$ _____)

Signed: _____

Signed: _____