



LOWOOD & DISTRICT GOLF CLUB INC.

MEMBERSHIP NOMINATION FORM

I, being a financial member of the Lowood & District
(print name)
Golf Club Inc., wish to nominate .Mr Mrs Ms.....
(please circle) (print name)
as a full / junior member of this Club.
(please circle)

I, second the above nomination.
(print name)

As a condition of membership the following rules must be adhered to at all times.

1. A neat & tidy appearance shall be maintained.
2. Members are expected to maintain a high standard of behaviour at all times.
3. I agree to be bound by the Club's Constitution Rules, By-Laws and Member Protection Policy, which are all available for your perusal in the Clubhouse.

NEW MEMBER DETAILS

FULLNAME/TITLE.....

DATE OF BIRTH.....OCUPATION.....

SKILLS THAT MAY BENEFIT CLUB.....

ADDRESS.....

TOWN.....POSTCODE.....

HOME PHONE.....MOBILE.....

EMAIL ADDRESS.....

JUNIOR'S PARENT/GUARDIAN NAME.....

PARENT/GUARDIAN SIGNATURE.....

consent to the above nomination and enclose \$......fee.

DATE:..... SIGNATURE:.....

HANDICAP DETAILS

Have you ever held an Australian Handicap? YES NO

If YES - Name of Club Handicap

Is this handicap current? YES NO If NO Last year it was held.....

GOLF LINK NUMBER.....

OFFICE USE ONLY: Membership No: Amount Paid:.....

Date Paid.....Receipt No.....