

Kingaroy Golf Club Inc

PO Box 52, Kingaroy, Phone 41621720. email: kingaroygolfclub@bigpond.com.au Web: <http://www.kingaroygolfclub.com.au/>

MEMBERSHIP NOMINATION FORM

Please submit this form to Kingaroy Golf Club Management Committee for approval.

Once your application is approved, payment of Nomination Fee must be made before it will be processed. Refer to attached current year fee advice. Note that for prorata yearly membership, full affiliation fee must be paid.

Nomination Fee \$..... Subscription Fee \$..... Receipt Date

Type of Membership: Ordinary Pensioner Junior Junior + Member comp Working Junior+ Member comp

I hereby make application for Membership of Kingaroy Golf Club Inc.

SURNAME GIVEN NAMES Mr / Mrs / Miss / Ms

PREFERRED NAME D of B

HOME ADDRESS

MAILING ADDRESS

EMAIL ADDRESS

OCCUPATION AND WORKPLACE (optional).....

PHONE (H) (W) (Mobile)

Do you wish to have your home or mobile number in the club's annual fixture book? Yes / No

PREFERRED NUMBER FOR FIXTURE BOOK

Have you previously been a member of a golf club? Yes / No Which club?..... How long?

Your Golf Handicap? Golf Link No.

Do you want Kingaroy Golf Club to be your home club? Yes / No

Have you ever had an application for a golf club membership rejected, or had a membership terminated?

If accepted as a member I agree to abide by the Constitution and Rules of the Kingaroy Golf Club Inc.

Signature of candidate Date/...../.....

Proposed By
(Member's Signature – Print Name also)

Seconded By
(Member's Signature – Print Name also)

Approved by Committee on/...../..... Golflink number