



GRAFTON DISTRICT GOLF CLUB INC

graftongolfclub@bigpond.com

Bent Street SOUTH GRAFTON NSW 2460

Phone: 02 6642 2255 Fax: 02 6643 5747



APPLICATION FOR MEMBERSHIP

I wish to join Grafton District Golf Club Inc and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations of the Club. The Committee reserve the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature.....Date.....Type.....

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's privacy policy is available on request from the office.

PLEASE PRINT CLEARLY

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name Known as.....

Surname Middle Initial

Home Address.....

Suburb..... Postcode

Postal Address

Suburb..... Postcode

Telephone: Home Business

Fax..... Mobile

E-Mail

Occupation.....

Left/Right Handed Date of Birth...../...../.....

Previous Golf Club..... Previous Handicap

Previous Golfink Number..... Will we be your Home Club

Proposed..... Seconded.....

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

OFFICE USE ONLY

Posted to Slice

Membership Number Issued:-

Receipt Number:.....Date of Meeting Approved:.....

Date Received:Date letter/account Sent:.....