

NAMBUCCA ISLAND GOLF CLUB
secretary@namgolf.com

P O Box 89 NAMBUCCA HEADS NSW 2448
Phone: 02 6569 4111 Fax: 02 6568 7439

FEE SCHEDULE 2011/2012

MEMBER CATEGORY	ANNUAL FEE
FULL PLAYING MEMBER – 1 PAYMENT	\$450
FULL PLAYING MEMBER – HALF YEARLY FULL PLAYING MEMBER – MONTHLY PAY	\$492 \$492
NON RESIDENT	\$190
NON RESIDENT – H/C HELD HERE	\$210
LIFE	NIL
JUNIOR GOLF	\$50
SQUASH	\$60
YOUTH MEMBERS	\$120
JUNIOR SPORTING	\$10
SOCIAL MEMBER – 1 YEAR	\$5
SOCIAL MEMBER – 3 YEARS	\$10

NAMBUCCA ISLAND GOLF CLUB
secretary@namgolf.com

P O Box 89 NAMBUCCA HEADS NSW 2448
Phone: 02 6569 4111 Fax: 02 6568 7439

APPLICATION FOR MEMBERSHIP

I wish to join Nambucca Heads Golf Club 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 reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

SIGNATURE :

DATE:

Type of Membership being applied for: (Please Circle): Full Playing Golf Monthly Golf Half Yearly Golf
Golf Junior Held Club Sporting Junior Non Resident Held Non Resident Social 3 Years Social 1 Year

MEMBERSHIP CATEGORY

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) Date of Birth..... /...../.....

First Name Middle Initial Surname

Home Address.....

Suburb.....Postcode

Postal Address

Suburb..... Postcode.....

Telephone: Home Business

MobileE-Mail

Fax.....Occupation Left/Right Handed

Previous Golf Club Previous Handicap

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

Proposed Seconded

EMERGENCY FAMILY CONTACT INFORMATION:

Name (Print First Name and Surname)

Relationship (i.e. Wife, Friend)Phone Number (for emergency contact).....

OFFICE USE ONLY STAFF MEMBER: PRINT SIGN.....
Posted to Slice.....Membership Number IssuedDate Received

Date of Meeting Approved:..... Date Received: