



N A M B U C C A H E A D S  
**ISLAND GOLF CLUB**

Po Box 89 Nambucca Heads NSW 2448

Phone: 65694111 Fax: 65687439 Email: [secretary@namgolf.com](mailto:secretary@namgolf.com)

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).

MEMBERSHIP CATEGORY    Type of Membership being applied for: (Please Circle):

Full Playing Golf    Monthly Golf    Youth Golf Member    Golf Junior Held    Squash  
Club Sporting Junior    Non Resident Held    Non Resident    Social 1 Year

**Special \$10.00 - Social 3 Years**

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 .....

Mobile ..... E-Mail .....

Fax..... Occupation ..... Left/Right Handed .....

Previous Golf Club ..... Previous Handicap .....

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

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

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

EMERGENCY FAMILY CONTACT INFORMATION:

Name (Print First Name and Surname) .....

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

Membership Number Allocated: ..... Staff .....

Entered in Membership ..... Card Printed..... Mail Out ..... Pick Up .....