



Po Box 89, Nambucca Heads NSW 2448

Phone 6569 4111 Email: secretary@namgolf.com

APPLICATION FOR MEMBERSHIP

I wish to join Nambucca Heads Golf Club and hereby apply to be admitted as a member there of 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 (TICK BOX)

<input type="checkbox"/>	Golf Gold	\$695.00	<input type="checkbox"/>	Youth Golf	\$100.00
<input type="checkbox"/>	Golf Silver	\$495.00	<input type="checkbox"/>	Junior Golf (Handicap Held)	\$50.00
<input type="checkbox"/>	Golf Bronze	\$310.00	<input type="checkbox"/>	Squash Club	\$60.00
<input type="checkbox"/>	Golf Non Resident Handicap held	\$175.00	<input type="checkbox"/>	Sporting Junior	\$15.00
<input type="checkbox"/>	Golf Non Resident	\$125.00	<input type="checkbox"/>	Social 1 YEAR	\$10.00
			<input type="checkbox"/>	Social 3 YEAR	\$20.00

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 Clubs privacy policy is available on request from the office.

(Mr / Mrs / Ms / Miss / Other:) _____ Date of Birth: ____/____/____

First Name: _____ Surname: _____

Home Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone Home: _____ Business: _____

Mobile: _____ Email: _____

Previous Golf Club: _____ Previous Handicap: _____

Previous Golfink Number: _____ Will we be your Home Club: _____

Proposed: _____ Second: _____

SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION:

Name (Print first name then surname): _____

Relationship (eg, spouse/friend): _____

Phone Number (for emergency contact): _____

Membership Number Allocated: _____ Staff: _____

Entered in Membership: _____ Card Printed: _____ Mail Out: _____ Pick up: _____