



# Dunheved Golf Club Ltd

P.O. Box 104, St Marys 1790  
Lot One, Links Road, St Marys  
Phone 9623 0239 Fax 9623 0230

## APPLICATION FOR MEMBERSHIP

Dr/Mr/Mrs/Miss/Ms **Surname** \_\_\_\_\_

**Given Names** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

**Telephone (hm)** \_\_\_\_\_ **(bus)** \_\_\_\_\_

**(mobile)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Identification** \_\_\_\_\_ (Both required by law)

**Business Name** \_\_\_\_\_ **Profession/Occupation** \_\_\_\_\_

**Next of Kin** \_\_\_\_\_ **Contact No.** \_\_\_\_\_

I was/am (circle) a member of \_\_\_\_\_ golf club. **Membership expired** \_\_\_\_\_

**Home Club for Handicap** \_\_\_\_\_ **Golf Link Number** \_\_\_\_\_

**CLASS OF MEMBERSHIP APPLYING FOR** \_\_\_\_\_

To the Board of Directors;

I, the above applicant desire to become a member of the Dunheved Golf Club Ltd and request you enter my name on the Register of Members accordingly. I agree to be bound by the Rules and By Laws of the Club for the time being in force.

I understand that the transaction of my monies and this application is not acceptance into the Club, and that my Application must be passed by the Board of Directors, and until this time I am not considered a member of the Club, and as such do not have rights as a member. I understand that I am afforded Provisional Membership until this time.

**Dated** \_\_\_\_\_ **Signature** \_\_\_\_\_

(If under 18 years – form to be signed by Parent/Guardian)

*Please indicate how your decision to join Dunheved Golf Club was made:*

(a) Club Member \_\_\_\_\_ (b) Advertisement \_\_\_\_\_ (c) Other \_\_\_\_\_

The above mentioned candidate is personally known to us and we believe him/her to be a suitable person to be elected as a member of the Dunheved Golf Club Ltd.

**Nominated by:** \_\_\_\_\_ **M/Ship Number.** \_\_\_\_\_

Signed \_\_\_\_\_

**Seconded by:** \_\_\_\_\_ **Membership Number.** \_\_\_\_\_

Signed \_\_\_\_\_