



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 CADET MEMBERSHIP

Mr/Mrs/Miss SURNAME _____

GIVEN NAMES _____

ADDRESS _____

POST CODE _____

TELEPHONE (home) _____ (mobile) _____

DATE OF BIRTH _____

NEXT OF KIN _____ Contact No. _____

Previous Club (if any) _____ Nominated Club _____

CLASS OF MEMBERSHIP Cadet Membership

To the Committee;

I _____ 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.

Dated this _____ day of _____ 20 ____.

SIGNATURE OF APPLICANT _____

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

(a) Club Member ____ **(b) Advertisement** ____ **(c) Other** _____

I certify that I am the parent/guardian responsible for the above mentioned candidate and that I am a financial member of Dunheved Golf Club Ltd.

NOMINATED BY _____ M/SHIP NO _____

<i>(Office use only)</i>	
Receipt Number _____	Receipt Amount _____
Receipt Date _____	Badge No. _____