

LEETON GOLF CLUB
Acacia Avenue Leeton NSW 2705
Phone: 6953 2270 e-mail: leetongolf@internode.on.net

APPLICATION FOR MEMBERSHIP

I wish to join the Leeton Golf Club and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules, Regulations and Constitution of the Club.

SignatureDate.....

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.

Membership Category

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First NameMiddle Initial

Surname

Home Address.....

Suburb.....Postcode

Postal Address

Suburb.....Postcode

Telephone: HomeBusiness

Fax.....Mobile

E-Mail

Occupation.....

Left/Right HandedDate of Birth...../...../.....

Current Golf Club & Golflink Number

Is Leeton Golf Club to be your Home Club? Yes / No

Proposer's Name.....Signature

Seconder's Name.....Signature

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

OFFICE USE ONLY

Application posted on Board Posted to Slice

Receipt Number:.....Date of Meeting Approved:

Date Received:Date letter/account Sent:.....

Amount Paid Received By