233 Byangum Road
PO Box 185
Murwillumbah NSW 2484
Ph: (02) 66721799
admin@murwillumbahgolfclub.com.au



## **MEMBERSHIP NOMINATION FORM**

Please note that only PLAYING MEMBERS can nominate new members	
Surname:	Christian Name/s:
Address:	Postcode:
Email:	DOB:
Phone:	Mobile:
Occupation:	
Class of Membership: Please Tick	
<ul> <li>Playing Member</li> <li>Junior Member</li> <li>Social Member \$2 - 1yea</li> </ul>	r \$10 – 5years
Signature:	Date:
Nominator A Name:	Member No:
Nominator B Name:	Member No:
Name of Club you are or have been a member of Current AGU If under the age of 18, parent or guardian consent m	(Proof of Current handicap is required)
I/we the parents/guardian's consent to the above no Articles of Association and By-Laws of the Club	ominee joining the club and agree they be bound by the Memorandum,
Dated thisday ofday	20Signed

Our Club is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding personal information provided by Members, Visitors and Staff. You have the right to access the personal information we hold about. For further information please contact the Club Administration

**Privacy Policy**