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



MEMBERSHIP NOMINATION FORM

Please note that only PLAYING MI	EMBERS can nominate	new members	
Surname:	Chri	stian Name/s:	
Address:		Postcode:	
Email:		DOB:	
Phone:	Mot	pile:	
Occupation:			
Class of Membership: Please T	ïick		
Playing MemberJunior MemberSocial Member	\$5 – 1year	\$10 – 5years	
Signature:		Date:	
Nominator A Name:		Member No:	
Nominator B Name:		Member No:	
Name of Club you are or have been a Current AGU If under the age of 18, parent or guar	(Proc	of of Current handicap is required)	
I/we the parents/guardian's consent Articles of Association and By-Laws o	-	pining the club and agree they be bound by the Memorandun	٦,
Dated this	day of20	Signed	
	Priv	vacy Policy	

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