

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



**ID CHECKED BY:**

## MEMBERSHIP NOMINATION FORM

Surname: ..... Given Name: .....

Residential Address: .....

Town:..... State:..... Postcode:.....

Postal Address: *(If different from above)* .....

Email: ..... Date of Birth:.....

Mobile: ..... Phone: .....

Occupation: .....

### Class of Membership: Please Tick

- **Playing Member (*Pro Rata + \$500 Joining Fee*)**
- **Junior Member**
- **Social Member**                      **\$5 – (till end of current financial year)**                      **\$10 – (5years)**

**Signature:** ..... **Date:** .....

Please note that only PLAYING MEMBERS can nominate new members.

Nominator A Name: ..... Member No: .....

Nominator B Name: ..... Member No: .....

Name of Club you are or have been a member of .....

Current AGU ..... (Proof of Current handicap is required)

If under the age of 18, parent or guardian consent must be given

I/we the parents/guardian's consent to the above nominee joining the club and agree they be bound by the Memorandum, Articles of Association and By-Laws of the Club

Dated this.....day of.....20\_\_\_\_Signed.....

Privacy 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