

Liverpool Golf Club Ltd

ABN 72 000 101 646

APPLICATION FOR MEMBERSHIP

This application must be printed and completed in blue or black pen NOT pencil

Mr/Mrs/Miss/Ms/Dr/Rev.

SURNAME _____ CHRISTIAN NAMES _____

PREFERRED NAME _____ ADDRESS _____

_____ POST CODE _____ APPLICANT'S DATE OF BIRTH _____

PROOF OF AGE MUST BE SHOWN IF UNDER 18 YEARS _____ INTERESTS/HOBBIES _____

PHONE(HOME) _____ BUSINESS _____ MOBILE _____ EMAIL _____

WORKPLACE COMPANY NAME _____ OCCUPATION _____

ARE YOU A MEMBER OF ANOTHER GOLF CLUB? YES/NO PLEASE SUPPLY GOLFLINK NO _____

IF SO, STATE NAME OF CLUB _____

WILL LIVERPOOL BE YOUR HOME CLUB? YES/NO

IF NO, STATE NAME OF HOME CLUB (This is where your handicap will be held) _____

WHAT IS YOUR CURRENT HANDICAP _____ (COPY OF CURRENT HANDICAP MUST BE ATTACHED)

HAVE YOU BEEN EXPELLED OR SUSPENDED FROM ANOTHER CLUB? YES/NO

I, _____ Desire to become a _____ member of Liverpool

Golf Club Limited and request you to enter my name on the register of Members and I agree to be bound by your Memorandum of Articles of Association and any rules and regulations or by-laws of the Club from time to time in force.

DATED THIS _____ DAY OF _____ 20 _____

SIGNATURE _____

The above mentioned candidate is personally known to us and we believe him /her to be a suitable person to be elected a member of Liverpool Golf Club Limited.

If candidate is a junior we accept responsibility for his/her behaviour and fees whilst a junior.

NAME OF NOMINATOR(print) _____ SIGNATURE _____ M'SHIP NO. _____

NAME OF SECONDER(print) _____ SIGNATURE _____ M'SHIP NO. _____

Nominator & Seconder must be over the age of 18 yrs and a member of Liverpool Golf Club for 12 mths or more

PLEASE SIGN AND RETURN THE ATTACHED PRIVACY STATEMENT WITH YOUR APPLICATION

PLEASE NOTE: This application form will not be accepted unless SIGNED by a nominator and seconder

Nomination fee and subscription must be paid at time of lodging your application

INTERVIEW DATE & TIME _____ ATTENDED/APOLOGY _____

NOMINATION FEE \$ _____ CASH/CHQ/CC/DD _____ DATE _____

MEMBERSHIP FEE \$ _____ CASH/CHQ/CC/DD _____ DATE _____

MEMBERSHIP NO. _____ ENTERED BY _____ DATE _____