



TITLE (Please circle) Mr / Mrs / Ms / Miss / Dr

SURNAME _____ GIVEN NAME/S _____

DATE OF BIRTH _____ OCCUPATION _____

RESIDENTIAL & POSTAL ADDRESS _____

PHONE NO _____ EMAIL _____

1 Year Membership \$8.00

3 Year Membership \$18.00

PHOTO IDENTIFICATION MUST BE SIGHTED BY STAFF FOR ALL APPLICATIONS

I hereby apply for Non Golfing Membership of the Nelson Bay Golf Club Ltd, and, if accepted, agree to be bound by the Memorandum and Article of Association, of the said Club, and to all amendments there to.

APPLICANTS SIGNATURE _____ DATE _____

Proposer and Seconder must have been a member for a minimum of at least one (1) year standing.

We the undersigned, nominate the candidate named above:

Proposed by:

Seconded by:

<p>_____ (Full Name Please Print)</p> <p>Signature: _____</p> <p>Membership Number: _____</p>	<p>_____ (Full Name Please Print)</p> <p>Signature: _____</p> <p>Membership Number: _____</p>
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The Privacy Act

Your privacy has and always will be important to us. The Nelson Bay Golf Club confirms its commitment to the privacy of its members and that it is complying with the requirements of the legislation.

Office Use Only

Membership No: _____ Subs: _____ ID Sighted by: _____ Date: _____

Approved at BOARD MEETING ON: _____

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