



NELSON BAY GOLF CLUB

GOLF • WEDDINGS • EVENTS



NON-GOLFING/SOCIAL MEMBERSHIP

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

SURNAME _____ GIVEN NAME/S _____

DATE OF BIRTH _____ OCCUPATION _____

RESIDENTIAL & POSTAL ADDRESS _____

SUBURB _____ STATE _____ POST CODE _____

CONTACT NO _____ EMAIL _____

1 Year Membership \$12.00 (per financial year)

3 Year Membership \$30.00

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 _____

Office Use Only

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>
---	---

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.

Membership No _____	Subs Amount \$ _____	Payment - EFT / Cash / DD _____	ID Sighted by _____	Date _____
Approved at BOARD MEETING ON: _____ <input type="checkbox"/> M <input type="checkbox"/> A				
PHONE 02 49 811 132... MAIL PO Box 33 Nelson Bay 2315 EMAIL reception@nelsonbaygolf.com.au WEBSITE www.nelsonbaygolf.com ABN 66 001 023 847				