

VETERANS GOLF MEMBERSHIP APPLICATION

Please print Full Name

Address

Contact number: Mobile..... Home

Email

Emergency Contact Name..... Phone.....

I hereby apply for membership with the Nelson Bay Golf Club Veteran Golfers.

Type of membership held with Nelson Bay Golf Club

I declare I am 55 years or older. Date of Birth

NBGC Membership no..... Golf Link Handicap (If available)

I agree to abide by the Rules and General Information of the Nelson Bay Veterans Golf Club Veteran Golfers.

Signature Date

Administration only

1. Handicap Manager
2. Bonus Points Recorder
3. Competition Manager
4. Captain
5. Awards Manager