

SCOTCHMAN'S CREEK GOLF CLUB INC.

Reg. No. A 0020428V



MEMBERSHIP APPLICATION

I hereby apply to become a Full Member of Scotchman's Creek Golf Club Inc. and agree, if accepted, to support the purposes of the Club and be bound by the Constitution - Rules and By - Laws of the Club.

NAME IN FULL
Surname (Block Letters) Given Names (Block Letters)

ADDRESS
Number & Street Suburb Post Code

TELEPHONE NOS
(Home) (Mobile.)

EMAIL ADDRESS

DATE OF BIRTH **NEXT of KIN**
Day Mth Year

Relationship

OCCUPATION

OTHER GOLF CLUBS WHICH YOU ARE OR HAVE BEEN A MEMBER

<input type="text"/>
DO YOU WISH TO MAKE SCGC YOUR HOME CLUB? YES NO

Current Handicap **Current Golf Link No**

Applicant's Signature **Date**

We believe the applicant to be a suitable person to be granted membership of the club

PROPOSER **SECONDER**

SIGNATURE **SIGNATURE**

DATED **DATED**

(For Club use only)

Date Received by Secretary

Date Approved by Match Committee

Date Applicant Notified