

THE FLINDERS GOLF CLUB

ABN 85 004 069 112

(INCORPORATED)

TELEPHONE OFFICE: (03) 5989 0583
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FLINDERS 3929
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Internet: www.flindersgolfclub.com.au

I hereby make application to become a member of The Flinders Golf Club. If elected I agree to be bound by the Memorandum and Articles of Association and By-Laws of the Club.

Entry Level Category of Choice:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Ordinary (full playing rights) | <input type="checkbox"/> Social |
| <input type="checkbox"/> Provisional (limited playing rights) | <input type="checkbox"/> Junior |
| <input type="checkbox"/> Restricted (restricted playing rights) | <input type="checkbox"/> Intermediate |
| <input type="checkbox"/> Introductory | <input type="checkbox"/> Corporate |

Name of Applicant (block letters) Mr/Mrs/Ms
Surname Given Names

Private Address Post Code

Tel No Mobile..... Email

Holiday Address Post Code

Tel No Date of Birth

Profession or Occupation Bus Tel No

Current Club Current H'cap

Golf Link No.....

Previous Club(s) Previous H'cap.....

APPLICANT'S STATEMENT:

Please provide detailed reasons for you wishing to join The Flinders Golf Club:

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Signature of Applicant Date

Please Note: A \$50.00 Nomination Fee is payable at the time of lodgement of this application.

Applicant WITH Proposer and Seconder should complete this section only.

THE PROPOSER and SECONDER, who vouch for the fitness of the Candidate to be a member of the Club, are asked to give reasons why the Candidate is considered suitable to be a member.

Proposer Statement
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Name: Signature:

Seconder Statement
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Name: Signature:

Applicant WITHOUT Proposer and Seconder should complete this section only.

Referee Statement
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Name: Signature:

Relationship to Applicant:

Applicants *WITHOUT* a Proposer & Seconder will be required to attend an interview with the Membership Committee prior to acceptance.

To be completed by Membership Committee members.

Proposer: Seconder:

Date: