

Membership Application Form

	<u>Title</u> <u>First Name</u>			<u>Surr</u>	<u>Surname</u>		
Full Name							
Street Address							
Suburb					<u>Postcode</u>		
Home Phone No.							
Mobile Phone No.							
E-Mail							
Date of Birth							
Occupation							
Work Address	<u>Postcode</u>						
Work Phone No.							
Please Circle (Left/Right handed)	Left Handed				Right Handed		
Please circle which type of membership you require	FULL MEMBERSHIP	6-DAY MEMBERSHIP	STUDENT MEMBERSHIP	JUNIOR MEMBERSHIP	SOCIAL MEMBERSHIP	NYRSTAR SOCIAL MEMBERSHIP	
Proposer and Seconder – must be adult members of NTBGC (committee will arrange signatories if required)							
Proposer (name and signature)							
Seconder (name and signature)							
Emergency Contact & Phone No.							
Relationship to self							
Name any club which you have been	a member	or are curre	ntly a memb	er Golf <i>Lin</i>	<i>nk</i> Number (if	f you have one)	
Current Australian Golf Handicap (if you have one)							
I certify that I have never been refused membership or suspended from any other club. I agree to abide by the rules of the association whilst a member of this club. this application is conditional on being displayed on the clubs notice board for fourteen days							
Signature Of Applicant							
Date							
Receipt No.				Office Us	Office Use only		