

# Application for GOLFING Membership

## Nominee Information

Title \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ D.O.B \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Postal Address if Different from Above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

Dexterity LEFT / RIGHT Handed.

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact \_\_\_\_\_

If you have been or are still a member of another golf club please enter info below:

Was/Is a member of \_\_\_\_\_ Handicap \_\_\_\_\_ Golflink No. \_\_\_\_\_

It is required that your nomination be proposed and seconded by two current Golfing Members of Muswellbrook Golf Club. PLEASE FILL OUT BELOW.

PROPOSER \_\_\_\_\_ MEMBER NO. \_\_\_\_\_ Signiture \_\_\_\_\_

SECONDER \_\_\_\_\_ MEMBER NO. \_\_\_\_\_ Signiture \_\_\_\_\_

### MUSWELLBROOK GOLF CLUB – PRIVACY STATEMENT

Muswellbrook Golf Club is subject to the privacy act 1988. the personal information provided by you on this application will be used to process your application. Failure to provide all of the requested may result in your application being rejected. You have the right to access and correct any of your personal information to any other organization or person unless there is a legal requirement to do so. The club may disclose your information to third parties that provided services under contract to the club. These Contracts require the third party to keep your personal information confidential and secure. If you require any further information please contact the R.S.L administration office.

I \_\_\_\_\_ wish to become a \_\_\_\_\_  
Full name ( Please PRINT ) Member category

member of Muswellbrook Golf Club Limited and if elected, request that you enter my name on the register of members accordingly and I agree to pay ALL fees and subscriptions to maintain my membership at Muswellbrook Golf Club Limited by their due date or as a consequence of failure to pay said fees and subscriptions my membership will be terminated.

Do you wish to receive newsletters and upcoming events by email. YES  NO

Signature of Nominee : \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If the nominee is under 18 a parent/legal guardian MUST co-sign \_\_\_\_\_