



LOWOOD & DISTRICT GOLF CLUB INC.

MEMBERSHIP APPLICATION FORM

NEW MEMBER DETAILS

As a condition of membership, the following rules must be always adhered to:

1. A neat & tidy appearance shall be maintained
2. Members are expected to always maintain a high standard of behaviour
3. I agree to be bound by the Club's Constitution Rules, By-Laws and Member Protection Policy, which are all available for your perusal in the clubhouse.

Your details will be recorded in the club's membership register and in MiClub (Accessible by Golf Australia for the purpose of the association's membership, administering handicaps and player insurance)

Full Name / Title:

Date of Birth: Occupation:

Skills that may benefit the club:

Address:

Town: Postcode

Mobile: Email:

Signature: Date:

Consent for above nomination for Juniors:

JUNIOR'S PARENT/GUARDIAN NAME: SIGNATURE:

HANDICAP DETAILS

Have you ever held an Australian Handicap? YES NO

If YES - Name of Club Handicap

Is this handicap current? YES / NO If NO Last year it was held.....

Golfink No: Home Club for Golfink: ...Lowood / Other

(Your existing Golfink no will be transferred to Lowood if you nominate Lowood as your home club)

NOMINATION DETAILS

I, being a financial member of the Lowood & District Golf Club Inc., wish to nominate as a full / junior member of this Club.

Signature: Date:

I, being a financial member of the Lowood & District Golf Club Inc., wish to second the above nomination.

Signature: Date:

OFFICE USE ONLY: Membership No: Amount Paid:
Date Paid.....Receipt No.....

Bank Deposit: Bendigo Bank BSB 633 000 Account 112042577