



LOWOOD & DISTRICT GOLF CLUB INC.

MEMBERSHIP APPLICATION FORM

NEW MEMBER DETAILS

FULLNAME/TITLE.....

DATE OF BIRTH.....OCUPATION.....

SKILLS THAT MAY BENEFIT CLUB.....

ADDRESS.....

TOWN.....POSTCODE.....

HOME PHONE.....MOBILE.....

EMAIL ADDRESS.....

JUNIOR'S PARENT/GUARDIAN NAME.....

PARENT/GUARDIAN SIGNATURE.....

consent to the above application and enclose \$.....fee.

As a condition of membership the following rules must be adhered to at all times.

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

DATE:..... 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.....

GOLF LINK NUMBER.....

If NO - When was it held? Year

Thank You

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

Date Paid.....Receipt No.....