



APPLICATION FOR MEMBERSHIP

FULL NAME

DATE OF BIRTH

PREFERRED NAME

OCCUPATION

HOME ADDRESS

EMPLOYER/BUSINESS

ADDRESS

POSTCODE

TELEPHONE

POSTCODE

MOBILE

TELEPHONE

FAX

FAX

EMAIL

EMAIL

I hereby apply for membership of the Twin Waters Golf Club in the following category: (please tick one)

- Individual membership
- Mid week membership
- Interstate/Overseas membership
- Limited Playing membership



APPLICATION FOR MEMBERSHIP *cont....*

Clubs, societies or trade associations of which you are a member

Exact handicap

Golf Link Number

Home club

Last known handicap

How many years ago

Names of Twin Waters Golf Club Members known to me

FIXTURES BOOK AUTHORISATION

Due to the Privacy Act, in order for your name and telephone number to appear in our fixtures book, you must give the Golf Club your authorisation.

This authorisation will remain in effect until such time as you revoke it, or you are no longer a member of the Club.

Please tick either "YES" or "NO" if you want your name and number to appear in the book. If you tick "YES" please complete below the current details that you would like to appear in the fixtures book and please sign your name and date the form.

YES NO

PLEASE PRINT CLEARLY

Preferred Name

Preferred Telephone Number

In making this application and in the event of my admission as a member, I agree to be bound by the attached terms and conditions of membership and the rules of the club for the time being in force.

Signature of applicant

Date
