

QUEENSBURY GOLF CLUB

NON QUALIFYING JUNIOR MEMBERSHIP APPLICATION FORM

NAME IN FULL _____

FULL ADDRESS _____

_____ POST CODE _____

DATE OF BIRTH _____ TELEPHONE NO _____

E MAIL ADDRESS (BLOCK LETTERS) _____

CURRENT HANDICAP _____ WHS MEMBERSHIP NO _____

PARENT / GUARDIAN NAME _____

PARENT / GUARDIAN TELEPHONE NO _____

PARENT / GUARDIAN EMAIL ADDRESS (BLOCK LETTERS)

DETAILS OF PERSON RESPONSIBLE FOR THIS YOUNG PERSON WHILST AT QUEENSBURY GOLF CLUB (if different to above)

NAME _____ TELEPHONE NO _____

E MAIL ADDRESS (BLOCK LETTERS) _____

RELATIONSHIP TO JUNIOR _____

SUBSCRIPTIONS WILL BE BASED ON YOUR AGE AT THE BEGINNING OF APRIL. PAYMENT SHOULD BE BROUGHT TO THE INDUCTION.

I hereby apply to be a Non Qualifying Junior Member of Queensbury Golf Club, and undertake to be bound by the Rules of the Club, a copy of which I have received. I confirm that I have read the rules of the Club and acknowledge that I will not be entitled to receive any surplus of funds should the Club be sold, but will be entitled to use all the facilities of the Club during my period of membership in accordance with the club rules.

Should you not fully understand the implications of the above paragraph, you are advised to take legal advice prior to signing this Application Form.

PARENT / GUARDIAN

SIGNED _____ DATE _____

QGC

PROPOSER _____ SECONDER _____