



NOMINATION FOR MEMBERSHIP

We propose,

Member Details

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr Gender: ☐ Male ☐ Female
Full Name: _____
Email: _____
Address: _____
(Postal) Suburb: _____ Postcode: _____
Phone: _____
Occupation: _____
Date of Birth: ____/____/____

Golf Memberships (Age as at 1st January)

☐ Adult (25 to 64) ☐ Young Adult (18 to 24) ☐ Winter ☐ 2nd Club (Higher Fees)
☐ Senior (Over 65) ☐ Junior (Under 18) ☐ Summer ☐ 2nd Club (Lower Fees)
☐ Country ☐ Monday Club
☐ Family (Under 16), Name of Playing Member _____

Previous Club and Handicap: _____ H/CAP: _____

Golflink Number: _____

Do you require a Golflink Number? ☐ Yes ☐ No (Requires 3 Handicap cards)

Bowls Memberships (Age as at 1st July)

☐ Adult (25 to 64) ☐ Junior (Under 18) ☐ Senior (Over 65) ☐ Golfer
☐ Family (Under 16), Name of Playing Member _____

Social Member

☐ Non-playing Member

Contact (Parent/Guardian of Junior Member or Emergency contact)

Full Name: _____

Phone: _____ Relationship to member: _____

Proposer Name: _____ Signature _____

Second Name: _____ Signature _____

I agree to the above nomination, and if elected, undertake to pay the subscription and to observe and be bound by the rules and regulations of the Mt Xavier Golf and Bowls Club. Please note that nominations for membership are subject to Committee Approval.

Date: ____/____/____ Signature
of Candidate/Guardian _____

Office Use Only:

Receipt Amount: _____ Receipt No: _____

☐ MYOB

☐ BowlsLink

☐ GolfLink

☐ MiGolf