

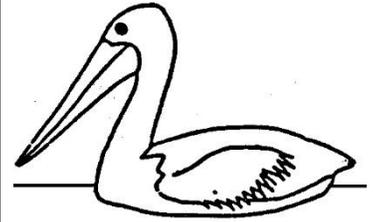
PITTWATER GOLF CLUB INC.

ALL COMMUNICATIONS TO HON. SECRETARY:

P.O. Box 330, Rosny Park TAS 7018

Ph: (03) 62652069

ABN 76 022 314 203 – Registered for GST



APPLICATION FOR SUB-JUNIOR MEMBER / SUB-JUNIOR LADY MEMBER MEMBERSHIP

I, Mr. / Miss _____
First Name Middle Initial Surname (Please Print)

of _____
Full Postal Address Post Code

apply for membership of the Pittwater Golf Club Inc. and if my application is approved I agree to be bound by the Rules of the said Club, as may be from time to time properly in force.

Signed: _____ Date: _____

DETAILS REQUIRED

Date of Birth: _____ Telephone (Private): _____

Current/previous Club (if any): _____ Year: _____

Golf Link No.: _ _ _ _ _ Handicap: _____

Proposer: _____ Seconder: _____
Print Name Print Name

Signature: _____ Signature: _____

Application Approved: _____ Date: _____

APPLICANTS FOR MEMBERSHIP PLEASE NOTE

1. Sub-Junior Members / Sub-Junior Lady Members must be under the age of 16 years as at the 1st January each year.
2. Your Proposer and Seconder must have been a Member of the Club for the last twelve months.
3. Lady members cannot propose or second persons other than for Lady Member or Junior Lady Membership

SUBSCRIPTION: Nomination Fee.....\$ Nil
Annual Subscription.....\$90.00

Hon. Secretary (01.01.2018)

PITTWATER GOLF CLUB INCORPORATED

pittgolf@bigpond.net.au

PO BOX 330, ROSNY PARK, TAS, 7018

NOTICE TO ALL MEMBERS

To update and ensure the accuracy of Club records
can you please complete the details below and
return it to the Club as soon as possible.

Please note all fields are important and will ensure we are able to better
assess the make-up of our Membership and effectively target your needs
and future Members. The 'date of birth' is required for all Members

(Mr / Mrs / Ms / Miss) _____
First Name _____ Middle Initial _____
Surname _____

Home Address _____
Suburb _____ Postcode _____

Postal Address _____
Suburb _____ Postcode _____
(if different from above)

Phone: Home _____ Business _____
Fax _____ Mobile _____

E-Mail _____

Left/Right Handed _____

Date of Birth ____ / ____ / ____

Occupation _____

Emergency Contact Information:

Name (First and Surname) _____

Relationship (i.e. Wife) _____

Phone (for emergency contact) _____