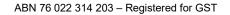
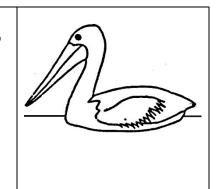
## PITTWATER GOLF CLUB INC.

ALL COMMUNICATIONS TO HON. SECRETARY:

P.O. Box 330, Rosny Park TAS 7018

Email: pittgolf @bigpond.net.au Internet: pittwatergolfclub.com Ph: (03) 62652069





by

## **APPLICATION FOR FULL MEMBERSHIP**

I, Mr/Mrs/Ms/Miss			
	First Name	Middle Initial	Surname (Please Print)
of			
	Full Postal Address	- 4.0	Post Code
apply for membership of the Constitution and Rule		Inc. and if my appli	cation is approved I agree to be bound
Signed:		Date:	
	<u>DET.</u>	AILS REQUIRED	
Occupation:		Employe	r:
Telephone: (Home)	(Work)	(N	Mobile)
Email Address:			
Current / Previous Club (	if any):		Year:
GolfLink No.			Handicap:
Do you wish Pittwater to	maintain your handicaj	p records in future?	YES or NO
Proposer:Prin	· N	Seconder:	Print Name
Prin	it Name		Print Name
Signature:		Signature:	
Application Approved: _		D	vate:
MEMBERS: Nominatio	on Fee\$100.00 (	Nomination fee mus	st be enclosed with this application)
	bscription\$540.00		, and the second

Hon. Secretary (10.11.2023)

## 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		
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)			