



Beerwah & District Memorial Golf Club Inc.

Biondi Crescent, Beerwah Qld 4519

ABN 79 906 458 079

PO Box 64, Beerwah QLD 4519

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Email: beergolf@netaccess.com.au www.beerwahgolfclub.com.au

NOMINATION FORM FOR MEMBERSHIP

I hereby apply for membership to the Beerwah and District Memorial Golf Club in the following category:

CATEGORY	NOMINATION FEE*	SUBSCRIPTION FEE
Full Member	\$ _____	\$ _____
Intermediate Member (18 – 22 years)	\$ _____	\$ _____
Junior Member	\$ _____	\$ _____

TOTAL PAID \$ _____ DATE _____

NAME: (Mr/Mrs/Ms) _____ (Please print)

ADDRESS: _____ (Please print)

POSTCODE: _____

HOME PHONE NO: _____ MOBILE NO: _____

EMAIL: (please print) _____

DATE OF BIRTH: _____

Have you ever been a member of another Golf Club? (YES / NO)

If yes, Name of Club: _____ GolfLink No: _____

Member from _____ to _____ Designated Home Club: _____

Current Handicap _____ or Previous Handicap _____ Year _____

Have you ever been refused membership of another Club? (YES / NO)

Nominated by: _____ (Please print) _____ (Signature)

Seconded by: _____ (Please print) _____ (Signature)

Applicants signature: _____ Date: _____

NOTE: This application will not be considered unless accompanied by the appropriate Nomination Fee. Nomination Form To be submitted at least 7 days prior to monthly Committee meeting.

OFFICE USE ONLY: Receipt Number: _____

Date Membership Approved: _____ Processed: _____

*Nomination Fee non-refundable once you have been accepted as a member by the Management Committee of the Beerwah & District Memorial Golf Club.