



MEMBERSHIP PROPOSAL FORM

ABN 63 829 751 370

Website: www.colebrookgolfclub.org.au

Email: colebrookgolfclub@bigpond.com

COLEBROOK GOLF CLUB Inc.

P.O. Box 39

CAMPANIA

TASMANIA 7026

PH. (03) 62604402

NAME OF CANDIDATE

ADDRESS

.....**POSTCODE**.....

PHONE NUMBERS

HOME.....BUSINESS.....MOBILE.....

PROPOSER.....SIGNATURE.....
PRINT WHOLE NAME

SECONDER.....SIGNATURE.....
PRINT WHOLE NAME

<i>TYPE OF MEMBERSHIP PROPOSED</i>	<i>NOMINATION FEE (Inc G.S.T.)</i>	<i>ANNUAL SUBSCRIPTION (Inc G.S.T. & FEES TO ASSOCIATIONS)</i>
FULL ()	\$ 0.00	\$350.00
ASSOCIATE ()	\$ 0.00	\$250.00
JUNIOR (over 18) () D.O.B.....	\$ 0.00	\$250.00
JUNIOR (under 18) () D.O.B.....	\$ 0.00	\$ 80.00
SOCIAL ()	\$ 0.00	\$ 15.00

PREVIOUS MEMBERSHIP INFORMATION

Have you been a member of this club or another club YES or NO

If yes, NAME of club

Do you, or have you ever held an Australian or Public Course Handicap YES or NO

If yes, state last Handicap and where from Handicap.....Club.....

Previous Golf Link No. (if applicable)

I wish Colebrook Golf Club to be my nominated Home Club YES / NO

DECLARATION Ihereby declare all the above information to be true & correct, and if my nomination is accepted, do hereby agree to abide by the rules and the Constitution of the Colebrook Golf Club Inc.

SIGNED.....

DATE

NOTE that this will not be considered unless all of the above sections have been completed

OFFICE USE ONLY **NOMINATION RECEIPT No.**

NOMINATION ACCEPTED..... Date.....

SUBSCRIPTION RECEIPT No.