

APPLICATION FORM

Social Membership

Full Name: _____ Date of Birth: _____

Street Address: _____ Suburb: _____

State: _____ Postcode: _____ Occupation: _____

Phone: _____ Email Address: _____

MEMBERSHIP

I desire to be elected as a member of Shelly Beach Golf Club in membership category:

Social 1 Year Social 5 Year

Have you been refused membership, suspended, or expelled from another Golf Club? Yes / No

If yes, please provide details: _____

TERMS AND CONDITIONS

- This form is to be completed by the applicant and lodged with the administration of the Club.
- Shelly Beach Golf Club has a no refund policy.

In the event of my admission as a member, I agree to be bound by the rules of the club for the time being in force and request you enter my name in the register of members accordingly and I agree to be bound by your constitution.

Are there any disclosures the Board should consider in relation to your application? Yes / No

If yes, please provide details: _____

Applicant Signature: _____ Date: _____

