



Southport Golf Club

New Member Nomination

I propose Dr./Mr./Mrs./Miss/Ms.....
(Print Name in Full)

of.....
(Permanent Street Address)

as a.....Member Mobile Phone

Email Date of Birth

Occupation Company Name.....

Has the candidate been or is a member of another golf club? Yes or No (please circle)

Please state previous Club..... Handicap..... Golfink Number.....

or current Club.....Handicap..... Golfink Number.....

Would you like your handicap and Golf link number to be transferred to Southport?.....

Has the candidate ever been proposed in any club and not accepted or has his/her membership been terminated by any means other than by resignation?

Please state circumstances:

How did you hear about Southport Golf Club?

Proposer's Name: No: Signature:

I propose.....who has been known to me foryears and from my personal knowledge I consider the above candidate an eligible Member in every way.

Seconder's Name: No: Signature:

I second the above nomination forwho has been known to me for and from my personal knowledge I consider the above candidate an eligible Member in every way.

I agree to abide by the Constitution and By-Laws of Southport Golf Club and declare the above information to be true and accurate.

Signature of Nominee..... Date

Approved:Date:Membership Number Allocated: