

## **New Member Nomination**

I propose Dr./Mrs./Miss/Ms						
	(Print N	lame in Full)				
of		Street Address				•••••
as a	·					
		Mobile Phone				
Email		Date o	Date of Birth			
Occupation		Comp	Company Name			
Has the candidate been or is	a member of anot	her golf club?	Yes	or	No	(please circle
Please state previous Club		Handicap		Golfli	nk Numl	oer
or current Club	Handic	ар	Golflink Number			
Would you like your handica	and Golf link num	ber to be trans	ferred to	Southp	ort?	
Has the candidate ever been been terminated by any mea	• • •		•		his/her	membership
Please state circumstances: .						
How did you hear about Sou	thport Golf Club?					
What prompted you to join S	outhport Golf Club	)?				
<u>Proposer's</u> Name:	No:	Signat	ture:			
I proposeand from my personal knowl					-	n every way.
Seconder's Name:	No:	Signa	ature:			
I second the above nomination and from my personal knowledge.						•
I agree to abide by the Coninformation to be true and a		aws of Southpo	ort Golf	Club an	d decla	re the above
Signature of Nominee			Date .			
Annroyed:	Date:	Meml	nershin I	Numher	Δllocate	aq.