

Southport Golf Club Membership Nomination Form

| (Title eg Dr, Mrs, Mr) (Print Name in Full) |
|---|
| of |
| (Permanent Street Address) |
| Mobile Phone: |
| Email: |
| Date of Birth: |
| Occupation: Company Name: |
| nominate as a Ordinary/Provisional Women Limited Play Country |
| Introductory member of Southport Golf Club. |
| Membership Details: - Has the candidate purchased a Starter Pack from the golf shop? Yes No - If yes, please attach a copy of the receipt. |
| - Has the candidate been or is a member of another golf club? Yes / No (please circle) |
| - If yes, please state previous/current Club: |
| - Handicap: Golflink Number: |
| - Would you like your handicap and Golflink number to be transferred to Southport? Yes No |
| 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? Yes No Please state circumstances: |
| |
| How did you hear about Southport Golf Club? |
| What prompted you to join Southport Golf Club? |

ABN: 27 009 662 819

| Proposer's Details: | |
|--|--|
| | who has been known to me for years |
| and from my personal knowledge I | consider the above candidate an eligible Member in every way. |
| - Proposer's Name: | - Membership Number: |
| - Signature: | |
| Seconder's Details: | |
| I second the above nomination for | who has been known to me for |
| years and from my person | al knowledge I consider the above candidate an eligible Member |
| in every way. | |
| - Seconder's Name: | - Membership Number: |
| - Signature: | |
| Emergency Contact Details: | |
| - Name: | |
| - Relationship: | Phone Number: |
| Volunteering: Committee Pos | ition Occasional Special Events |
| information to be true and accurate I agree to allow Southport Golf Club activities, for promotional and mar the club's website, social media acc By agreeing to this clause, I grant So | to use photos in which I appear, taken during club events or keting purposes. I understand that these photos may be used on counts, promotional materials, and other related publications. puthport Golf Club the right to reproduce, distribute, and ut compensation. I acknowledge that the club will handle these |
| - Signature of Nominee: | Date: |
| | Office Use Only |
| - Board Meeting Date: | - Orientation Date: |
| - MiMembership: Invoice | |
| - Approved By: | Signature: Date: |
| | ABN: 27 009 662 819 |