

Southport Golf Club Junior Membership Nomination Form

I _____
(Title eg Dr, Mrs, Mr) (Print Name in Full)

of _____
(Permanent Street Address)

Mobile Phone: _____

Email: _____

Date of Birth: _____

Occupation: _____ Company/School: _____

nominate as a Junior Under 18 Junior Under 18 Limited Play Junior 'Starter' 9 Hole
 Junior 18 -24 year old Junior 18 -24 year old Limited Play member of Southport Golf Club.

Guardian/Parent Detail (under 18 only):

- Name: _____ - Relationship: _____

- Phone Number: _____ - Email: _____

Tick box if Guardian/Parent is to receive invoices:

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? _____

Proposer's Details:

I propose _____ 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: _____

Secunder's Details:

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

- Secunder's Name: _____ - Membership Number: _____

- Signature: _____

Emergency Contact Details: (Please note a secondary contact different to the Guardian/Parent)

- Name: _____

- Relationship: _____ - Phone Number: _____

Declaration:

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

I agree to allow Southport Golf Club to use photos in which I/my child appear, taken during club events or activities, for promotional and marketing purposes. I understand that these photos may be used on the club's website, social media accounts, promotional materials, and other related publications.

By agreeing to this clause, I grant Southport Golf Club the right to reproduce, distribute, and publicly display these photos without compensation. I acknowledge that the club will handle these photos responsibly and with respect to my privacy.

- Signature (Guardian/Parent if U18): _____ - Date: _____

Office Use Only

- Board Meeting Date: _____ - Orientation Date: _____

- MiMembership: Invoiced: Membership Number Allocated: _____

- Approved By: _____ - Signature: _____ - Date: _____