

## 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 Introductory  Junior 18 -24 year old Junior 18 -24 year old Limited Play

### 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: \_\_\_\_\_ - Golf ID 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:

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How did you hear about Southport Golf Club? \_\_\_\_\_

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What prompted you to join Southport Golf Club? \_\_\_\_\_

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**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: \_\_\_\_\_

**Seconder'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.

- Seconder's Name: \_\_\_\_\_ - Membership Number: \_\_\_\_\_

- Signature: \_\_\_\_\_

\*Proposer and Seconder must be an Ordinary or Women member.

**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: \_\_\_\_\_