SOUTHPORT GOLF CLUB
Since 1924

07 5571 1444
admin@southportgolfclub.com.au Slatyer Avenue, Southport QLD 4215 PO BOX 6565, GCMC QLD 9726
WWW.SOUTHPORTGOLFCLUB.COM.AU

Southport Golf Club 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 Name: _____

nominate as a ☐ Ordinary/Provisional ☐ Limited Play ☐ Introductory membership 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

- If yes, please state previous/current Club: _____

- Handicap: _____ - Golf ID Number: _____

- Would you like your handicap and Golf ID 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: _____

Emergency Contact Details:

Name: _____

Mobile Phone: _____

Email: _____

Proposer Details:

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

-Seconder's Name: _____ - Membership number: _____

-Signature: _____

*** Proposer and Seconders must be Ordinary, Women, Country or Limited Play member.**

Volunteering: ☐ Committee Position ☐ Occasional Special Events

Declaration:
I agree to abide by the Constitution, By-Laws and Policies 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 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.

Health & Accessibility Information
Please advise if you have any health concern, medical condition, allergy, or disability that you feel the club should be aware of to support your safety and participation. All information provided will be treated with strict confidentiality. If yes, please list here: _____

_____

_____

Privacy
I consent to the following personal information being included in the Southport Golf Club Membership Directory. The Membership Directory can be viewed by all Southport Golf Club members and is designed for Members to be able to contact each other directly. I understand that Southport Golf Club is not responsible for how my details are used by other members once they are made public in the Membership Directory.

Consent for email address: ☐ Yes ☐ No Consent for mobile number: ☐ Yes ☐ No

- Signature of Nominee: _____ - Date: _____

Office Use Only

- Acknowledgement Email: ☐ - Board Meeting Date: _____ - Orientation Date: _____
- MiMembership: ☐ Invoiced: ☐ Membership Number Allocated: _____

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