SOUTHPORT GOLF CLUB
Since 1924

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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

* The Under 18 final category is subject to change following consultation with the Junior & Women's Development Manager.

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:

_____

_____

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: _____

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: _____

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.

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.

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

Office Use Only

- Jnr Dev Man Meeting Date: _____ Approved: ☐

- Acknowledgement Email: ☐ - Board Meeting Date: _____ - Orientation Date: _____

- MiMembership: ☐ Invoiced: ☐ Membership Number Allocated: _____

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