

Mem



PO Box 425, Sorell, Tasmania 7172

Phone: (03) 6248 5098 Fax: (03) 6248 5658

MEMBERSHIP APPLICATION FORM

golf@tasmaniagolfclub.com.au
www.tasmaniagolf.com.au

MEMBERSHIP CATEGORY

SURNAME: CHRISTIAN NAME:

KNOWN AS: TITLE:

DOB: / / DATE NOMINATED: / /

ADDRESS: POSTCODE:

POSTAL: POSTCODE:

PHONE: A/Hrs: WORK:

FAX: MOBILE:

SILENT NO: (Not published in fixtures book)

EMAIL:

PRIOR CLUB/S: PREV. GOLF LINK NUMBER:

PREVIOUS HANDICAP: IS THIS STILL A CURRENT HANDICAP: Yes / No

DO YOU WISH TO MAKE US YOUR HOME CLUB: Yes / No

OCCUPATION: EMPLOYER:

PROPOSER: SECONDER:

EMERGENCY CONTACT: (Name)

RELATIONSHIP: CONTACT NO:

Signature: (*Please read conditions over leaf and sign)

Signature of Guardian if applicant is under 16:

Office Use Only
Membership No. Issued

Payment with Application

Subscription
TGC/WGT Levy
Insurance Charge
Other + / -
TOTAL

Receipt No.
Database
Invoice
Handicap
Letter
Membership Pack