



MEMBERSHIP APPLICATION TO 30TH JUNE 2019

(BLOCK LETTERS PLEASE)

LAST NAME FIRST NAMETITLE(Mr/Mrs/Miss/Ms/Dr)

ADDRESS (residential).....
.....POSTCODE.....

ADDRESS (postal).....POSTCODE.....

DATE OF BIRTH EMAIL

OCCUPATION

TELEPHONE(Home)(Business)(Mobile)

See website for category definitions.

Full Golfing Member \$550	Restricted Membership \$450	Student Member \$340 (Student ID Required)
Junior Member (under 18) \$30	Social Member 1 year \$15	Social Member 3 years \$35

Are you a member of any other club? Yes/No Left/Right Handed

Do you wish to make Leura Golf Club your home club? Yes/No

Home club for Handicapping if not Leura Golf Club:

Golflink No for Handicapping if not Leura Golf Club:

Have you ever been refused membership of, or asked to resign from, any registered club? Yes / No

If Yes, please attach reasons why this Club should overlook that fact and offer membership to you.

If your application is approved, do you wish to receive Annual Finance Reports? Yes / No

Proposer: Member No.....

Signature:

Seconder: Member No.....

Signature:

I declare the above to be true and hereby apply for membership of Leura Golf Club Limited and agree, if I am accepted, to abide by the rules and by-laws of the club.

The Leura Golf Club maintains all membership information in line with its Privacy Policy. A copy of this policy may be obtained upon application to the office.

APPLICANT'S SIGNATURE DATE