## **APPLICATION FOR MEMBERSHIP**

ABN: 21 323 087 643 Registration No: A 0009785 U

(affiliated with G.V and SWGA)

DATE:/		
I hereby apply for admission to membe and in support of my application I supp		GOLF CLUB Inc.
FULL NAME:		Miss Mrs Ms Mr Dr
(Please print)		
PREFERRED NAME:	OCCUPATION:	
ADDRESS:		
		POST CODE:
EMAIL (please print):		
PHONE:C	GOLF LINK No. (if applicable)	GENDER: Male Female
I am at present or I have been	a member of the	Golf Club,
where my handicap is / was	_ and is current or; lapsed	
N.B. If intending to transfer handicap to	Queens Park, please arrange for you	r current handicapper to forward handicap details.
My Home Club will be		
Have you been refused membership of	a club? Yes No if YES plea	ase state name of Club and full details below (or attach)
WHO DO WE CONTACT IN CASE OF EM	ERGENCY?	
NAME:	RELA	TIONSHIP:
PHONE(S):	EMAIL:	
	<u> </u>	supplied above are for a parent or guardian. cc'd on emails from the club to a junior member.
	ertake if elected to be bound by the Ru	ticular. I am an Amateur as defined by the Royal and ules and By-Laws of Queens Park Golf Club Inc. and
Application must be proposed, seconde	ed and signed by two current members	s of Queens Park Golf Club Inc.
SIGNED (Applicant)	DA	TE OF BIRTH (required if under 18)://
SIGNED (by Parent/Guardian if applicant is	under 18):	(Print Name)
PROPOSED BY	SIGNED	
SECONDED BY	SIGNED	