



MEMBERSHIP APPLICATION

I desire to become a member of the Trafalgar Golf Club and I hereby agree if elected to be bound by the constitution and by-laws of the Club.

- Full Membership
- Country Membership (Outside 50km radius)
- Over 65 Membership
- Junior Membership (Under 18)
- 6 Months Membership
- Beginner Membership

(Please ensure this form is completed using BLOCK letters)

Title.....Given Names.....Surname

Home Address

Town / Locality Postcode

Postal Address (if different to above).....

Phone: (Home)(Business) (Mobile).....

E-Mail

Occupation

Left/Right Handed Date of Birth / /

Home Club for Handicapping if not Trafalgar

Golfink Number for Handicapping if not Trafalgar

Signed

The above applicant is personally known to us and we believe him/her to be a suitable person to be elected a Member of the Trafalgar Golf Club.

Proposer / please print name.....

Seconder / please print name

A Nomination Fee of \$40 for new members other than juniors and non-playing members must accompany this form.