



# APPLICATION & NOMINATION OF NEW MEMBER

I, \_\_\_\_\_ (Full Name)  
do hereby make application to become a member of the Coolangatta & Tweed Heads Golf Club Ltd and agree to be bound by the Memorandum & Articles of Association, Rules & By-Laws made thereunder. If my application is successful I request you to enter my name on the Register of Members.

Signed by the Applicant \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Note:** This application form must be submitted with the current Entrance Fee. Submission of this application does not guarantee membership of Coolangatta & Tweed Heads Golf Club. The Board of Directors reserve the right to accept or reject an application for membership. Official identification must be produced with this application (Drivers License/Passport/Medicare Card).

Title: Mr  Mrs  Miss  Ms

Name \_\_\_\_\_ Surname \_\_\_\_\_

Postal Address \_\_\_\_\_

Phone (Private) \_\_\_\_\_ Phone (Business) \_\_\_\_\_

Email Address \_\_\_\_\_

**Memberships:** (please select)

Full Member     6 Day Member     International Member     Junior     Intermediate

5 Day Restricted     Country     True Blue Social     True Blue     Tertiary 18-23yrs

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Are you a permanent Resident of Australia?  Yes  No

Profession or Occupation \_\_\_\_\_

We consider the above nominee an eligible Member in every way.

Proposer: \_\_\_\_\_ No. \_\_\_\_\_ Signed \_\_\_\_\_

Seconder: \_\_\_\_\_ No. \_\_\_\_\_ Signed \_\_\_\_\_

Please list names of members of this Club to whom the applicant is known:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Entitlement to Nominate:** The Proposer and Seconder of this application MUST each be an Ordinary Playing Member of Coolangatta & Tweed Heads Golf Club and MUST have held this category of membership for the previous 12 months. They will be responsible for assisting the applicant to gain a handicap (if not already held), to be conversant with the Rules & Etiquette of Golf, and of the current dress regulations both on the Course and in the Members Lounge. They will be responsible for the completion of a questionnaire regarding the applicant when requested.

<b>OFFICE USE ONLY</b>		Deposit: \$ _____	Receipt No _____	Initials _____
Date Received	ID Check	Noticeboard	Interview	Approval
				Balance of Payment
				Completed
				Number



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The APPLICANT is asked to complete the following in full:

\* Have you previously been a member of any Golf Club or Social Golf Club?  Yes  No

Name Golf Clubs where you have previously been a member and state the number of years.

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

Your current home club \_\_\_\_\_

Current handicap \_\_\_\_\_ Current Golf Link No \_\_\_\_\_

Name on Golf link card \_\_\_\_\_

At which Club do you wish to have your handicap held? \_\_\_\_\_

Have you ever held office in any Golf Club?  Yes  No

If yes, please give brief details:

\_\_\_\_\_  
\_\_\_\_\_

If your handicap has lapsed, what was it when you last played? \_\_\_\_\_

Do you require an Annual Report?  Yes  No

Do you wish to have your Phone Number included in the Club Fixture Book?  Yes  No

The Applicant should read, and sign the following Statement:

**Please note that in making application for membership of the Club, you acknowledge and accept that you will be subject to the Australian Golf Union / Women's Golf Australia handicapping system, and your handicap may be reviewed at the absolute discretion of the General Committee/Board.**

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please Note:** In accordance with Coolangatta & Tweed Heads Golf Club "Constitution 6.3.6" a personal interview with the Membership Committee is required prior to recommendation of New Membership for Board approval. Our Membership office will contact you for an interview time and it is imperative that this interview occurs before your new membership can be approved. If this date or time is unsuitable please notify the Club as soon as possible to arrange another time.