



The Coast Golf And Recreation Club Limited

A.C.N. 000 440 488

1 Coast Hospital Road, Little Bay NSW 2036

Telephone: 02 9311 7422 - FAX: 02 9311 4854 - Professional: 02 9661 5367

eMail: office@coastgolf.com.au Web Site www.coastgolf.com.au

APPLICATION FOR PLAYING MEMBERSHIP

Adult, 7-Day: Provisional or Associate Playing Member

Adult, 5-Day: Restricted or Associate Weekday (Monday to Friday) Playing Member

Proposed For:Membership Type (See Above)

Dr / Mr / Mrs / Miss / Ms

(Given name / s in full using block letters)

Address:.....Post Code:

Home Phone:.....Mobile Phone:.....Business Phone:.....

Date Of Birth:.....Email:.....

Occupation:.....Employer:.....

Have you ever been expelled, barred from, or refused admission to, any club or Golf Club? YES / NO

Have you previously been a member of this Club? YES / NO

Are you a member of any other Golf Club? YES / NO

If so please state the name of the Club.H/Cap:

Do you Propose to:

1. Participate in competition. YES / NO

2. Play only socially YES / NO

3. When do you intend to play. Weekends / Midweek / Both

DECLARATION:

I declare that I am over 18 years of age and if elected as a member of the club I agree to be bound by the by the Memorandum and Articles of Association, Rules and By-Laws. I certify that the statements made by me are correct in every particular.

Signature:..... Date:

THIS SECTION TO BE COMPLETED BY THE PROPOSER AND SECONDER.

PROPOSER: SECONDER

Name:..... Name:.....

Category:Number Category:Number

How Long known : How Long known :

Signature: Signature:

Date: Date:

Office Use Only: I.D. 1..... 2.

Date Rec'd / / Inducted / / Receipt # Member #