



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 JUNIOR PLAYING MEMBERSHIP

Cadet: Beginner level, age 15 or less, no previous handicap held

Junior: Experienced, age 15 or less, current or previous handicap held

Colt: Age 16 or 17.

Proposed For: Membership Type (See Above)

Mr / Miss / Ms
(Given name / s in full using block letters)

Address: Post Code:

Home Phone: Mobile Phone: Emergency contact:

Date Of Birth: Email:

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

GUARDIAN PERMISSION DECLARATION:

I declare that I am duly authorised as an appropriate adult to provide consent to the application and that if the applicant elected as a member of the club I understand that they shall 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:

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