



FREDERICKTON GOLF CLUB

fgc@fredericktongolfclub.com.au



P O Box 3 FREDERICKTON NSW 2440
Phone: 02 6566 8261 Fax: 02 6566 8245

APPLICATION FOR MEMBERSHIP

I wish to join Frederickton Golf Club and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations of the Club. The Committee reserve the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature.....Date.....Type.....

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's privacy policy is available on request from the office.

PLEASE PRINT CLEARLY

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name Known as.....

Surname Middle Initial

Home Address.....

Suburb..... Postcode

Postal Address

Suburb..... Postcode

Telephone: Home Business

Fax Mobile

E-Mail

Occupation.....

Left/Right Handed Date of Birth...../...../.....

Previous Golf Club..... Previous Handicap.....

Previous Golfink Number..... Will we be your Home Club.....

Proposed..... Seconded.....

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

OFFICE USE ONLY

Posted to Slice

Membership Number Issued:-

Receipt Number:.....Date of Meeting Approved:.....

Date Received:Date letter/account Sent:.....