Application for Complimentary Gold Level Membership to Sussex Inlet Golf Club



I/We have purchased Lot Nocomplimentary Gold Level Membership of the Sussex	
I/We would like to apply for:	
2 x 12 month memberships	
Name of First Applicant:	
Name of Second Applicant:	
1 x 24 month membership	
Name of Sole Applicant:	

I/We attach duly completed Club Membership Nomination Form/s.

SUSSEX INLET GOLF CLUB ABN 73 073 954 346

Club Membership Nomination Form (please print clearly)

I, Mr, Mrs, Miss or Ms (given	names)		
(Last name)			
C	P/code		
E-mail Address			
Date of Birth	Phone: Home	Mobile	
to the Constitution and/or	rules and bylaws of the ab	one) member of the Sussex Inlet Go ove Club. (No member under 18yrs can e.g. Badge Draw, Liquor promotions.	,
Name of Golf Club which I	(a) am a member		
	(b) was a member		
	(c) home club		
Last known handicap			
Have you ever been suspend	ed, expelled or asked to resign	n from any Club? Yes	No
If so, state Club or Clubs			
Signature of Applicant		Date	
Proposer (Print Name)		M/Ship No.	
Seconder (Print Name)		M/Ship No.	
Signature of Proposer		Signature of Seconder	
Please present identification	(eg. Drivers licence, Medicare	e card) with this form.	
Payment of appropriate men	nbership fee required on accep	otance.	
Receipt of fees does not con	stitute Membership which is s	subject to the approval of the Board of D	Directors.
	Date	Amount	
Receipt No.			
Receipt NoIdentification: Drivers Licer		a 1	
Identification: Drivers Licer		Other	

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