



NOMINATION FOR GOLFING MEMBERSHIP

I, the below named candidate, certify that I wish to be nominated for Membership of the Ipswich Golf Club and the particulars given are correct. If elected, I agree to be bound by the Memorandum and Articles of Association and regulations of the Club and I tender the amount specified hereunder.

Surname: _____ **First Names:** _____

Preferred Name: _____ **Title (Mr, Mrs, Ms, ect)** _____

Occupation: _____ **Date of Birth:** _____

Address: _____

Postal Address: _____

E-Mail: _____

Home: _____

Work: _____ **Spouse/Partner Name:** _____

Mobile: _____ **Spouse/Partner Date of Birth:** _____

For Handicapping Purposes

Have you ever held a AGU/WGA Handicap? _____
Club Name: _____ **Which is to be your Home Club?** _____
Exact H/Cap: _____ **Valid Date:** _____ **Sighted:** _____
Golf Link Number: _____ **Have you ever been a member of this Club?** _____

Please Select Membership Category

- Ordinary Rebate - Senior / Spouse / Student
- Six Day Intermediate A Intermediate B Pathway
- Junior Country

Signature of Candidate **Date**

We, the undersigned, Members of the Ipswich Golf Club of not less than twelve months standing, hereby make a proposal for Membership as above.

| | | | |
|------------------|------------|-----------------------|------|
| Name of Proposer | M/Ship No. | Signature of Proposer | Date |
| Name of Proposer | M/Ship No. | Signature of Proposer | Date |

- Pay Smart PAYG Cash / Cheque / Eftpos

Amount Paid: _____ **Receipt No:** _____ **Staff Name:** _____
Please Print

Office Entry Only
Date Issued: _____ **Membership:** _____ **Spouse/Part. No:** _____
MMS Entered: _____ **Compass Entered By:** _____