



Application for Membership of

Strathfield Golf Club

ABN 21 000 029 354

Mr/Mrs/Miss/Ms/Dr/Rev. FAMILY NAME: _____

GIVEN NAMES: _____ PREFERRED NAME: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE(HOME): _____ (BUSINESS): _____ (MOBILE): _____

EMAIL: _____

OCCUPATION: _____ COMPANY NAME: _____

DATE OF BIRTH: _____ (Proof of age must be shown if under 18years)

ARE YOU A MEMBER OF ANOTHER CLUB? YES / NO CLUB: _____

GOLFLINK NO: _____ CURRENT HANDICAP: _____

HAVE YOU BEEN EXPELLED or SUSPENDED FROM ANOTHER CLUB? YES / NO

I, _____ hereby apply for membership of Strathfield Golf Club as a
CATEGORY: _____ member and agree to comply with the conditions as set out
in the Memorandum and Articles of Association and By-Laws of the Club.

SIGNED: _____ DATE: _____

PROPOSER & SECONDER

The abovementioned candidate is personally known to us and we believe him / her to be a suitable person to be elected a member of Stratfield Golf Club

PROPOSER NAME: _____ MEMBER # _____ SIGNATURE: _____

SECONDER NAME: _____ MEMBER # _____ SIGNATURE: _____

(Proposer & Seconder must have been members of Strathfield Golf Club for at least six months and be over the age of 18 years)
Please note this application will not be accepted unless signed by a proposer and seconder.

OFFICE USE ONLY: _____ NOTICEBOARD LISTING DATE: _____

INTERVIEW DATE & TIME: _____ ATTENDED / APOLOGY _____

JOINING FEE: _____ MEMBERSHIP FEE: _____ CASH / CHQ / CR.CARD _____

DATE JOINED: _____ MEMBERSHIP NUMBER: _____