



Antill Park Country Golf Club Ltd "Jarvisfield" Hume Highway, Picton Phone: 4677 1512 Fax: 4677 2730

# Nomination For Membership

Mr. Mrs. Ms Surname:..... Christian Name..... Known As.....

Residential Address:..... Post Code.....

Phone Home..... Work Phone..... Mobile.....

Postal Address:..... Postcode.....

Email Address.....

Occupation..... Date of Birth.....

### Membership class applying for (Please circle one.)

Full      Weekday      Aged Pensioner      Colt      Junior      Cadet

Have you been at anytime a member of another Golf Club (Please circle)    Yes      No

If Yes which Club? .....

Which year did you cease membership? ..... What was your handicap membership? .....

**Declaration:** I the above mentioned Nominee, do fully understand that I cannot be elected as a member of the Antill Park Country Golf Club Limited until the Board of directors meeting follow the expiration of fourteen (14) days from the date herein. If duly elected to the Antill Park Country Golf Club Limited I hereby agree to abide by the constitution of the Antill Park Country Golf Club Limited.

**An appropriate form of identification must be presented prior to this application being processed. If you are applying for Aged Pensioner discount, your card must be sighted on payment of fees.**

Signature of Nominee..... Date.....

Nominated By (Print Name) ..... Membership No.....

Signature.....

Seconded By (Print Name)..... Membership No.....

Signature.....

**Warning:** Club By Law provides for automatic disqualification of members for nominating and seconding under aged persons for membership other than junior members.

### Office use only

Date of application..... Interim receipt No.....

Received \$..... CHQ / EFT / Cash.... Date Board Passed.....

Identification sighted (Staff members Signature)..... Name.....