



SURFERS PARADISE GOLF CLUB

1 Fairway Drive, Clear Island Waters, QLD, 4226

A.B.N. 77 010 077 246

Telephone: (07) 5572 6088 Fax No: (07) 5572 0747 email: pam@surfersgolfclub.com.au

MEMBERSHIP APPLICATION

CANDIDATE:

Title: _____ Surname: _____ Other Names: _____

Business or Profession: _____ Date of Birth: _____

Residential Address: _____

Town: _____ Post Code: _____ Home Phone: _____

Postal Address: _____

Town: _____ Post Code: _____ Work Phone: _____

How long resident on the Gold Coast: _____ Mobile No: _____

Email Address: _____

PROPOSER:

I, _____ (Membership No: _____)

having known the candidate mentioned above for _____ years and being a Full Playing/Associate Member of the Surfers Paradise Golf Club for a period of _____ years hereby nominate the Candidate for _____ Membership of Surfers Paradise Golf Club.

SECONDER:

I, _____ (Membership No: _____)

having known the candidate mentioned above for _____ years and being a Full Playing/Associate Member of the Surfers Paradise Golf Club for a period of _____ years hereby second the nomination of the Candidate for _____ Membership of Surfers Paradise Golf Club.

We are satisfied that the Candidate is a fit and proper person to belong to this Club and believe the information provided by the Candidate herein is true and correct.

Signature of Proposer: _____ Date: _____

Signature of Seconder: _____ Date: _____

Further comment you would like to add regarding the Candidate: _____

The following information must be supplied by the Candidate:

1. Provide particulars of Membership of other Golf Clubs within past three years. This application will be assisted by a clearance from such other Club(s).

2. **CURRENT GOLFLINK NO: (10 digits)** _____

Club: _____ Term of Membership: _____ H'cap: _____

Club: _____ Term of Membership: _____ H'cap: _____

3. Other Clubs of which Candidate is a member: _____

4. Have you ever been rejected for Membership of any Golf Club or any other Club? _____

5. Names and full addresses of three (3) persons, preferably but not necessarily Club Members, from whom references can be obtained:

• Name: _____ Address: _____

• Name: _____ Address: _____

• Name: _____ Address: _____

I hereby declare that the answers given by me to the foregoing questions are true and correct and that I have not knowingly withheld information likely to affect the decision of the Board of Directors of the Surfers Paradise Golf Club as to the issue of a nomination.

Signature of Candidate: _____ Date: _____

Enclosed is my Application Fee of \$ _____ (1/6th of Entrance Fee). This amount is refundable if unsuccessful.

OFFICE USE ONLY

Date Received: _____ Amount Received: _____ Receipt No: _____

Posted on Board by: _____ Date: _____

Application recommended/rejected by Membership Committee: _____

Application accepted/rejected by Board of Directors: _____

Letter sent to Candidate: _____ Amount Owing: _____