SCOTCHMAN'S CREEK GOLF CLUB INC

Reg. No. A 0020428V

MEMBERSHIP APPLICATION

I hereby apply to become a Full Member of Scotchman's Creek Golf Club Inc. and agree, if accepted, to support the purposes of the Club and be bound by the Rules and By - Laws of the Club.

NAME: _____ _____
GIVEN NAMES SURNAME

ADDRESS: _____ _____ _____
NUMBER & STREET SUBURB POST CODE

CONTACT DETAILS: _____ _____
PHONE MOBILE

_____ _____
DATE OF BIRTH (DD/MM/YYYY) EMAIL

EMERGENCY CONTACT DETAILS:

_____ _____ _____
NAME RELATIONSHIP PHONE

OTHER GOLF CLUBS YOU ARE
OR HAVE BEEN A MEMBER: _____

DO YOU WISH TO MAKE SCGC YOUR HOME CLUB? YES NO (CROSS OUT ONE)

CURRENT GOLF ID: _____ HANDICAP: _____

APPLICANTS SIGNATURE *: _____ DATE: _____

PROPOSER: _____ SECONDER: _____

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

DATE APPLICANT APPROVED: _____ *(For Club use only)*

* *By signing this form, the applicant accepts the Privacy Policy and the Model Rules & By-Laws of Scotchman's Creek Golf Club.*

The Privacy Policy can be viewed at:
https://www.scotchmanscreek.com/uploads/3/1/3/9/31394101/scgc_privacy_policy.pdf

Model Rules & By-Laws can be viewed at:
https://www.scotchmanscreek.com/uploads/3/1/3/9/31394101/scgc_inc_model_rules_and_by-laws.pdf