

ABN 72 000 101 646

APPLICATION FOR MEMBERSHIP

TITLE	MR/MRS/MISS/REV/DR		
LAST NAME		FIRST NAMES	
ADDRESS			
SUBURB		POST CODE	
HOME PHONE		MOBILE	
EMAIL		DATE OF BIRTH	/ /
YOUR CURRENT OCCUPATION			
ARE YOU ALREADY A MEMBER OF ANOTHER GOLF CLUB?			YES / NO
GOLFLINK #		YOUR HANDICAP	
WILL LIVERPOOL BE YOUR HOME CLUB?			YES / NO
IF NO, STATE THE NAME OF YOUR HOME CLUB			
HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANOTHER GOLF CLUB?			YES / NO
CLASS OF MEMBERSHIP BEING APPLIED FOR			
I hereby apply for Membership of Liverpool Golf Club Limited and agree to be bound by the Rules, Regulations and By Laws of the Club that may be in force from time to time. I solemnly declare that the information provided here is true and correct. I acknowledge that I am applying for an annual Membership or pro rata thereof to June 30 and that the annual subscription amount (or pro rata portion) is payable at all times.			
DATE		SIGNATURE	
PROPOSER			
NAME			
SIGNATURE		MEMBERSHIP No	
SECONDER			
NAME			
SIGNATURE		MEMBERSHIP No	
The applicant is personally known to me/us and are considered to be a suitable person to be a Member of Liverpool Golf Club			
<p>The Proposer and Seconder must be current Members of Liverpool Golf Club and be either an Ordinary (Full), Associate A, Associate B or Associate C Member of at least 12 months standing.</p> <p>The Application will not be accepted unless signed by the Applicant, the Proposer and Seconder.</p>			
INTERVIEW DATE/TIME		ATTENDED	
FEE PAYABLE		PAID BY (METHOD)	
APPLICATION FEE	\$150.00	DATE PAID	
MEMBERSHIP NUMBER		DATE ENTERED	