

URALLA GOLF CLUB LTD
33 Plane Avenue, Uralla NSW
2358

ABN: - 58 000 939 604

To the Board of Directors,

I (Full Name, Block Letters):.....

Of (Residential Address).....

PO Box (if applicable).....

Phone No: **Mobile No:**

Email Address:

Occupation.....

Desire to become a member of Uralla Golf Club as a (tick appropriate box)

Full Golfing **Social Golf** **Country** **Social** **Student**

Junior **Cadet** and I agree to be bound by the Memorandum and Articles of Association, Rules and By-Laws of the club, made there under.

My subscription of \$ is forwarded here within.

Please provide details if you are already a Full Golfing Member at another Golf Club

Is Uralla going to be your Home Club: YES NO

Golflink No: Other Club:

Date of Birth: (Identification Sighted) YES NO

Date of Application: Driver's License No:

Have you ever been suspended or barred from any Licensed Club or Hotel?
NO YES

If yes, provide full details including dates of incidents, reasons, premises from which suspended or barred and length of suspension

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Nominator

Seconder

Print Name:.....

Print Name:.....

Signature:.....

Signature:

Membership Number.....

Membership Number

Applicant Signature:.....Approved: YES/NO Member No....