



# MEMBERSHIP NOMINATION FORM

Use this form if you are nominating for one of the following Membership options: **Ordinary Member, GA 9-Hole, Non GA 9-Hole, Junior, Cadet, Ordinary Pay-as-you-Play.** Please complete the form in **BLOCK** letters.

I hereby apply to become a \_\_\_\_\_ Member of *Cooroy Golf Club* and if accepted, agree to abide by the Constitution and By-Laws of *Cooroy Golf Club Inc.* which can be viewed on the CGC website.

Select Payment option:  **Payment in full**  **Two Instalments**  **Monthly Direct Debit** (*complete Ezidebit form*)

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand and accept the terms and conditions for Payment of Fees set out in the Membership Fee Schedule. Pending election to membership and, on receipt of the appropriate membership fee, the nominee may play as an Honorary Member.

PERSONAL DETAILS OF NOMINEE		
Surname:	Given Name/s:	Known as:
Home Address:	Postcode:	
Postal Address:	Postcode:	
<input type="checkbox"/> tick if as above OR complete an address		
Email:	Date of Birth:	/ /
<i>Print clearly as The Club uses email as the primary means of communication</i>		
Occupation:	Phone:	Mobile:
I consent to being added to the CGC newsletter/ mailing list: <input type="checkbox"/> Yes <input type="checkbox"/> No		
What influenced your decision to join CGC?		

GOLFLINK INFORMATION	
<i>Complete this section if you want to maintain an official GA handicap</i>	
Have you ever held a GolfLink number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Club:
Do you want Cooroy Golf Club to be your home club? <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Golflink Number:

EMERGENCY CONTACT		
Name:	Relationship:	Phone:

NOMINATION SUPPORT			
<i>We, as Proposer and Seconder, being financial members of Cooroy Golf Club Inc. , nominate the above and attest that the applicant is of good character and repute. OR attach two character references OR a letter of introduction from a previous club.</i>			
Proposer:	Membership No:	Signature:	Date: / /
Seconder:	Membership No:	Signature:	Date: / /

**Privacy Statement:** We will responsibly and transparently handle personal information that is necessary in carrying out our function and activities as a golf club and take appropriate measures to safeguard this information.

OFFICE USE ONLY			
Application Received: / /	G: <input type="checkbox"/> M <input type="checkbox"/> F	Date Paid: / /	Amount Paid: \$
MC Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /	Membership No:	Member Account Credit (POS): <input type="checkbox"/>
New Member Welcome Letter/Pack issued: <input type="checkbox"/>	GolfLink Processed: <input type="checkbox"/>	Membership Card Issued: <input type="checkbox"/>	