

SPRINGWOOD COUNTRY CLUB

Email: info@springwoodgolfclub.com.au Website: springwoodgolfclub.com.au

PO Box 94 Springwood NSW 2777

Phone: (02) 4751 1122 Fax: (02) 4751 7593

MEMBERSHIP APPLICATION FORM

Membership Categories (circle one):

Full Playing Member – Family Member – Distance Member – Senior Member

Limited Access – Social Playing Member – Student Member – - Cadet/Junior Member

Wednesday 9 Hole Member (female only) – House Member (social)

Please see Membership Subscription Fee and Category Lists

Mr: Mrs: Ms: Miss: Mast: Dr: Other:

First Name: Middle InitialSurname:

Home / Postal Address Suburb

Post Code Male..... Female.....

Date of Birth: Occupation

Telephone: Home: Work: Mobile

Email:

SIGNATURE OF APPLICANT DATE OF JOINING.....

SIGNATURE OF GUARDIAN (If applicable).....

EMERGENCY CONTACT: Name Relationship

Phone:

The Springwood Country Club maintains all membership information in line with its Privacy Policy.
A copy of this policy may be obtained upon application to the office.

Other Golf Club Memberships currently held GA Handicap

Home Club for Golf Link Handicap: Springwood (please tick) other:

Proposer: _____ No: _____

Secunder: _____ No: _____

I wish to become a Member of Springwood Country Club Ltd and request that you enter my name on the Register of Members and accordingly I agree to be bound by the Memorandum and Articles of Association, Rules and By-Laws, made thereunder of the Springwood Country Club Ltd.

FOR OFFICE USE ONLY

Entered in Slice

Fee Paid Date Approved ID Sighted

Receipt No.....

FIRST AND FRIENDLIEST CLUB IN THE BLUE MOUNTAINS

~~ Above the Smog and below the Fog ~~