

Application for Membership

I hereby wish to lodge an application for membership of the Flagstaff Hill Golf Club Inc.,
and if accepted agree to be bound by the Constitution of the Club.

SURNAME: Mr / Mrs / Miss / Ms

GIVEN NAME(S): **Preferred Name:**
(eg; Tom / Pat / Col)

PRIVATE ADDRESS:

..... **POST CODE:**

POSTAL ADDRESS:
(If different from above)

..... **POST CODE:**

HOME PHONE NO.: **DATE OF BIRTH:**

MOBILE: **EMAIL:**

PROFESSION OR OCCUPATION:

PLACE OF EMPLOYMENT:

WORK PHONE NO.: **FAX NO.:**

I WISH TO APPLY FOR **MEMBERSHIP** (eg: Cat A / Cat B / Cat C / Junior etc)

Have you been a member of another Golf Club within the last two years? – Yes / No (please circle).

If yes: Club.....current handicap Golf Link no.....

If yes: Please nominate your home club for handicapping

PROPOSERS NAME: **SIGNATURE:**

(NOTE Proposer must be a MEMBER OF THE FLAGSTAFF HILL GOLF CLUB.)

APPLICATION IS MADE ON ADVICE FROM: (please circle)

1. Newspaper advertisement
2. General enquiry
3. Current member

HAVE YOU ATTENDED THE "GIVE GOLF A GO" CLINICS? - Yes / No (please circle)

SIGNATURE OF APPLICANT: **DATE:**

The Australian Golf Union (AGU) requires the information requested above for the purposes of Golf Link. Your personal information will only be used in accordance with the Golf Link "Activity" and to provide you with Golf Link services. If the requested information is not provided to the AGU you may not be able to obtain Golf Link services including an official Australian handicap. Should you wish, you will be able to access your personal information through the AGU upon reasonable notice.

A non-refundable application fee must be lodged with this application form.