

APPLICATION FORM FOR MEMBERSHIP OF

LITHGOW GOLF CLUB LTD

I,.....

Address.....

Occupation.....Date of Birth.....

Email Address.....Phone No.....

I hereby apply to become a member of Lithgow Golf Club Ltd. In the event of my admission as a member I agree to abide by the Constitution and By-Laws of Lithgow Golf Club Ltd.

Signature of Applicant.....Date.....

Have you been/are a member of another Golf Club YES/NO?

Club.....Year.....Golf Link No.....

What Club are you nominating as your home club.....?

Proposers Name.....Membership No.....

Signature.....

Seconders Name.....Membership No.....

Signature.....

MEMBERSHIP FEE MUST BE PAID IN ADVANCE \$.....

PLEASE TICK YOUR GOLF CATEGORY CHOICE BELOW

SEVEN DAY MEMBER	
WEEKDAY MEMBER	
SIX MONTH MEMBER	
NINE HOLE MEMBER	
INTERMEDIATE (18-21 YRS)	
COUNTRY MEMBER	
JUNIOR MEMBER (UNDER 18)	
SOCIAL MEMBER	

.....
OFFICE USE ONLY

Name.....Amount Paid \$.....Signed.....Date.....