



ABN: 65 004 252 519

Horsham Golf Club Membership Application Form

Name in Full:

Date of Birth: / / Email Address:

Home Address:

Post Code: Phone: Mobile:

Occupation:

Have you been a member of Horsham Golf Club or another Golf Club before? Yes / No

Home Club: Indicate Year:

Membership Type: Golf Link Number:

I wish to become a member of the Horsham Golf Club and hereby agree, if elected to be bound by the Memorandum and Articles of Association and By-Laws of the Club.

Please tick the membership box you are applying for:

- Full Membership Senior Membership Introductory Membership
- Country Membership Sports Person Membership Flexi-10 Membership
- Social Membership Bowls Membership 2-Day Golf Membership (Monday & Friday only)
- Junior Membership 18-21 15-17 12-14 Under 12

I agree to pay the annual subscription of \$ Payable upon application for Membership.

Signature of candidate: Date / /

Proposers Signature: Full Name:

Seconders Signature: Full Name:

Both the proposer and seconder must print their names in block letters after signature, and must be financial members of the Horsham Golf Club. Junior, Under 18 and Summer Members are not eligible to nominate new Members.

Please note: A full refund will be given if a Membership is unsuccessful.

Credit Card Details Visa MasterCard

Credit Card No: ____ / ____ / ____ / ____ Expiry: ____ / ____ C.V.V: ____

Cardholder's Name: _____ Signature: _____