



LIVERPOOL GOLF CLUB

ABN 72 000 101 646

APPLICATION FOR MEMBERSHIP

TITLE	MR/MRS/MISS/REV/DR		
SURNAME		CHRISTIAN NAMES	
ADDRESS			
SUBURB		POST CODE	
HOME PHONE		MOBILE	
EMAIL		DATE OF BIRTH	/ /
ARE YOU ALREADY A MEMBER OF ANOTHER GOLF CLUB?			YES / NO
GOLFLINK #		YOUR HANDICAP	
WILL LIVERPOOL BE YOUR HOME CLUB?			YES / NO
IF NO, STATE THE NAME OF YOUR HOME CLUB			
HAVE YOU EVER BEEN EXPELLED OR SUSPENDED FROM ANOTHER GOLF CLUB?			YES / NO
CLASS OF MEMBERSHIP BEING APPLIED FOR			
I hereby apply for Membership of Liverpool Golf Club Limited and agree to be bound by the Rules, Regulations and By Laws of the Club that may be in force from time to time. I solemnly declare that the information provided here is true and correct.			
DATE		SIGNATURE	
PROPOSER			
NAME			
SIGNATURE		MEMBERSHIP No	
SECONDER			
NAME			
SIGNATURE		MEMBERSHIP No	
The applicant is personally known to me/us and are considered to be a suitable person to be a Member of Liverpool Golf Club			
The Proposer and Seconder must be current Members of Liverpool Golf Club and be either an Ordinary (Full), Associate A, Associate B or Associate C Member of at least 12 months standing.			
The Application will not be accepted unless signed by the Applicant, the Proposer and Seconder.			
The relevant Membership Fee must be paid in FULL at the time of lodging the Application			
INTERVIEW DATE/TIME		ATTENDED	
FEE PAYABLE		PAID BY (METHOD)	
DATE PAID			
MEMBERSHIP NUMBER		DATE ENTERED	