CABRAMATTA GOLF CLUB LTD

APPLICATION FOR ASSOCIATE MEMBERSHIP (Pink Form)

I wish to nominate for **ASSOCIATE** membership of the Club.

SURNAME (block letters)_____

CHRISTIAN NAMES (block letters)_____

ADDRESS: Private_____

OCCUPATION_____DATE OF BIRTH_____

Phone No: _____Mobile:_____

***Email Address (Please print)_____

APPLICANT'S SIGNATURE_____Date:_____

Has the candidate previously been a member of the club_____

Is the candidate a member of, or previously been a member of any other affiliated club_____

Golf Link No:_____

Has the candidate's name been submitted for Membership with any other club and subsequently been declined or with withdrawn_____

Names of other clubs of which the candidate is a member_____

PROPOSER - block letters	Signature	Period of Acquaintance
SECONDER – block letters	Signature	Period of Acquaintance

I certify that the above particulars are correct, and subject to all the foregoing. I hereby apply to be admitted to membership of the Cabramatta Golf Club, and if elected, I agree to be bound by its rules and regulations.

Please note that in making application for Membership of the Club you acknowledge and accept that you will be subject to the Australian Golf Union handicapping system and your handicap may be reviewed in the absolute discretion of the General Committee on the basis of any cards returned in any competition. By making application to the Club you also expressly acknowledge and agree that you will have no right to make any representations to the Handicaper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the General Committee in relation to a review of your handicap.

JOINING FEE: N/A - ANNUAL MEMBERSHIP FEE: $600.00 including GST