



# Thirlstane Golf Club Inc.

ABN 87 671 905 492

P.O. Box 153, Latrobe. 7307

## APPLICATION FOR MEMBERSHIP

To the Secretary,  
Thirlstane Golf Club Inc.,

I desire to become a .....member of  
the Thirlstane Golf Club Inc., and I agree, if elected, to be bound by the  
Rules and Articles of Association and By-Laws of the Club.

Mr. Mrs  
Miss Ms Surname:.....

Given Names:.....

Preferred Name:.....

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

Home Address: ..... Postal Address: (If different)

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.....

State: ..... P/Code: ..... State:..... P/Code: .....

Telephone: Home:..... Work: .....

Mobile:..... Email: .....

Are you, or have you been a member of another Golf Club?  Yes  No

Name of Club:.....

Golf Link No.:..... Handicap (Current or Previous):.....

Signature: ..... Date: ...../...../.....

A non refundable **Nomination Fee of \$ 20.00** must accompany application.

<i>We, being members of the Thirlstane Golf Club Inc., endorse this application and propose the above candidate for election.</i>	<i>Please Print</i> Proposer: ..... Seconder:..... Date:...../...../.....
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