



Thirlstane Golf Club Inc.

ABN 87 671 905 492

P.O. Box 153, Latrobe.7307

secretary@thirlstanegolfclub.com.au

APPLICATION FOR MEMBERSHIP

To the Secretary,
Thirlstane Golf Club Inc.,

I desire to become amember of
(FULL, COUNTRY, SOCIAL, UNDER 19, COUNTRY SOCIAL, OTHER)
The Thirlstane Golf Club Inc., and I agree, if elected, to be bound by the Rules, Constitution 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)

.....

.....

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

Telephone: Mobile:..... Home:.....

Email:.....

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

Name of Club:..... Golf Link No.....

Do you want Thirlstane to be your **home** Club? Yes No Handicap (current or previous).....

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

**We, being financial members of the
Thirlstane Golf Club Inc., endorse
this application and propose the above
candidate for election.**

Please Print

Proposer:.....

Secunder:.....

Date:.....

Office Use Only:

Date Processed.....

Date Approved by Committee.....