



New Norfolk Golf Club Inc
Established 1912

1 Howell Drive, New Norfolk
 Tasmania 7140
 nngc@newnorfolkclub.com
 Phone: 03 6261 2653

Membership Application

Personal Information:

Designation:

Given Names:

Address:

Home Phone:

Email:

Occupation:

Home Golf Club:

Surname:

Suburb:

Mobile:

Date of Birth:

L/R handed:

Golf Link No:

Pcode:

Emergency Contact Information:

Name:

Relationship to you:

Phone:

PLEASE TICK MEMBERSHIP TYPE YOU WISH TO APPLY FOR -

APPROVED STAMP - DATE

<i>Full Playing</i>	<input type="checkbox"/>	<i>Junior</i>	<input type="checkbox"/>	
<i>6 Day Playing</i>	<input type="checkbox"/>	<i>Social Playing</i>	<input type="checkbox"/>	
<i>Summer</i>	<input type="checkbox"/>	<i>Social Non Playing</i>	<input type="checkbox"/>	
<i>Twilight</i>	<input type="checkbox"/>		<input type="checkbox"/>	

I, _____ wish to become a Member of the New Norfolk Golf Club and agree to be bound by the rules, by-laws and regulations that are from time to time in force. I also agree to be enrolled in the New Norfolk Golf Club Loyalty Program.

Signed:

We personally know applicant and believe that person to be suitable to be elected as a member of this Club.

Proposed: (print name)

Signed:

Seconder: (print name)

Signed:

Note: The proposer and seconder must be full Members of the NNGC for at least 12 months.