



Application for Playing Membership

All questions must be answered (Please print)

I desire to be elected as a member of Long Reef Golf Club Ltd in Membership category:

(Please tick) 7 DAY 6 DAY 5 DAY JUNIOR CADET

Title: (Please tick) Mr Mrs Ms Miss Master

1. Name of Applicant in full: _____

2. Home address of Applicant: _____

3. Business address of Applicant: _____

4. Telephone numbers: Home: _____ Business: _____

5. Email: _____ Date of birth: _____

(Copy of birth certificate required. Proof of age if under 18).

6. Name and phone number of emergency contact: _____

7. Present occupation of Applicant: _____

8. Is the Applicant currently a playing member of a Golf Club: Yes No

If yes, please state Club and Handicap and provide written proof: _____

What is your GolfLink Number: (10 digit number). _____

Will Long Reef be your home club for handicapping purposes: Yes No

If not where will be your home club: _____

9. If not a member of a Golf Club has Applicant: (a) Formerly been a member of a Golf Club: Yes No

If yes, please state name of Club(s) and year(s) applicable: _____

(b) Been refused membership, or suspended or expelled from a Golf Club: Yes No

Please provide details: _____

10. Please supply two written references from either members of Long Reef or other golf clubs or people of standing in the community. *Note: Your application cannot be processed until those references have been received.*

11. I certify that the above information is true and correct. I hereby apply to be elected a member of Long Reef Golf Club Limited and request, if elected, that my name be entered in the Register of Members. I agree to be bound by the Memorandum and Articles of Association of the Company.

Signature of Applicant: _____ Date: _____

Proposed by: _____ Member Number: _____ Date: _____

Seconded by: _____ Member Number: _____ Date: _____

OFFICE USE ONLY:

Promotion: _____ Date received: _____

Processed by: _____

Introduced by: _____

Notes: _____

