



GOSNELLS GOLF CLUB (INC.)

Warton Road, Canning Vale, WA 6155

## MENS NOMINATION FORM FOR NEW MEMBERSHIP ENTRANCE FEE TO ACCOMPANY THIS FORM

Date \_\_\_\_\_

Entrance Fee Paid \$ \_\_\_\_\_

(FOR OFFICE USE ONLY)

The Committee of  
Gosnells Golf Club (Inc)

Gentlemen,

I desire to become a \_\_\_\_\_ member of the Gosnells Golf Club (Inc) on the \_\_\_\_\_ and in the event of my election, agree to be bound by the Rules of the Club and any Regulations thereof for the time being in force.

NAME IN FULL: \_\_\_\_\_

ADDRESS (Private): \_\_\_\_\_

POST CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRIVATE TEL NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ BUSINESS TEL: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

IS YOUR SPOUSE A MEMBER OF THIS CLUB? \_\_\_\_\_

ARE YOU A MEMBER OF ANY OTHER CLUBS? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

GOLFLINK NUMBER (if card held by other club): \_\_\_\_\_

PRESENT OR LAST HANDICAP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**WE CERTIFY that we have been Full or Life Members of the Gosnells Golf Club (Inc) for a period of a least two years and that the above named is, to our knowledge, eligible to be elected a member of this Club. We are prepared to vouch for his/her integrity and conduct and to see that he/she is properly introduced and is conversant with the etiquette and procedure of the Club.**

NAME: \_\_\_\_\_ SIGNATURE OF PROPOSER: \_\_\_\_\_

NAME: \_\_\_\_\_ SIGNATURE OF SECONDER: \_\_\_\_\_

### RESIGNATION OF MEMBERS

Any member wishing to withdraw from the Club shall give written notice to the Manager on or before the first day in JULY in any year of his intention to do so, otherwise he shall be liable to pay his subscription for the current financial year.