



**NOMINATION FORM FOR NEW MEMBERSHIP
FLY IN / FLY OUT CATEGORY (Conditions Apply)
ENTRANCE FEE TO ACCOMPANY THIS FORM**

Date _____
Entrance Fee Paid \$ _____
(FOR OFFICE USE ONLY)

The Committee of
Gosnells Golf Club (Inc)

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): _____

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____

I certify that my employment is currently in a remote location of WA which qualifies me to apply for a Fly In/Fly Out membership. If my circumstances change I will notify Gosnells Golf Club immediately and apply to transfer to another playing category as per those available to me at the time.

NAME: _____ SIGNATURE _____

NAME: _____ WITNESS SIGNATURE: _____

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.