



GOLF CLUB

SURNAME (MR/MRS/MISS/MS)

CHRISTIAN NAME

ADDRESS

POST CODE

OCCUPATION

BIRTH DATE

PHONE

MOBILE

EMAIL

NAME OF PREVIOUS GOLF CLUB (if any)

PERIOD OF MEMBERSHIP

PREVIOUS HANDICAP

PLEASE ATTACH PROOF OF CURRENT HANDICAP.

I hereby certify that I am over the age of 18 and I agree to abide by the Memorandum and Articles of Association, Rules and By-Laws of the LISMORE WORKERS GOLF CLUB

SIGNATURE

DATE

PLEASE NOTE:

You must be a current member of the Lismore Workers Club prior to your application to join the Workers Golf Club being considered.

Current Workers Club Membership Number

Sighted By

MEMBERSHIP CLASS

PROPOSED BY

MEMBERSHIP No

SIGNATURE

SECONDED BY

MEMBERSHIP No

SIGNATURE

PRIVACY STATEMENT

The Lismore Workers Club and Workers Golf Club are subjected to the provisions of the Privacy Act 1988. The personal information provided by you on this form/application and attached documents will be used to process your membership application. Failure to provide all of the requested information may result in your application being rejected. You have a right to access and correct any of your personal information that the Club holds about you. The Club does not usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Signature

Date

Office Use Only

Receipt No

Amount \$

Signature

Checked by