

Swansea Golf Club Inc.

Application for Membership

PO Box 12 Swansea Tasmania 7190
Phone 03 6257 8262
Email swanseagolfclub1@bogpond.com

I
(Mr/Mrs/Miss/Ms) (First Names) (Surname)

of.....
Street/Road etc. Suburb/Town Post Code

Hereby apply for membership of Swansea Golf Club Inc, and if accepted,
agree to be bound by the rules of the club.

Membership Applied for. (please circle)

Full Membership	\$300	
Junior Membership (14-18 yrs. of age)	\$40	(first year free)
Sub Junior Membership (under 14 yrs. of age)	\$40	(first year free)
Social Membership	\$25	

As a requirement of acceptance to the Swansea Golf Club, you must declare if you have ever been
suspended or expelled from any Golf Club. (please circle) Yes / No

Additional Information Required

Telephone No.....Email Address.....

Mobile Number.....Date of Birth.....
(If under 18 years)

Are you a beginner? (please circle) Yes / No If No, state previous Club.....

Golf Link No.....Previous Handicap.....

Application Date.....Applicant's Signature.....

Proposer.....Signature.....
(print)

Seconder.....Signature.....
(print)

Applicants for full Membership please Note: Your proposer and seconder must have been a
member for at least 12 months. A \$30.00 nomination fee additional to the annual subscription must
accompany all applications for full membership. *No refund applicable.*

OFFICE USE ONLY

Date Lodged Receipt No..... for \$.....

Date of Committee Meeting Approved Yes / No Signed.....

Signed.....