SCARGILL GOLF CLUB MEMBERSHIP NOMINATION FORM 2025

(1)	Surname: First Names:
Addr	ess:
Telep	hone No E-Mail Address:
Pleas	pation:
Full l	Membership (Men's) \$410.00 Full Membership (Women's) \$360. Junior Under 13yrs \$20.0
Junio	r 18- 25 years \$70.00 Junior 14- 17 years \$40.00 Non Competitive/Affiliated/Women's 9 Hole \$160.00
Fami	y Membership \$300 (Two non-competitive Adults and children under 13 years).
Appl	cants under 18yrs are required to have a parent signature. Parent/Caregiver Signature:
•	ent of subscriptions on or before Opening Day (Sat 08 th Feb) enables the paid member entitlement to ipate in Scargill Golf Club official events for the 2025 season. Bank Acc. Number: 03 1582 0003061 000
` /	OLFING HISTORY: ou currently belong to any other Affiliated Golf Club YES / NO a) List Club/s b) Which club do you wish to be your "Home" Club? c) Member ID
Perso which Nom consi I here I take	RIVACY ACT: nal details such as members names, addresses and telephone numbers will be included on membership lists a may be displayed at the Club house and/or circulated to other members. nation forms will be posted on the Club noticeboard for a minimum of 2 weeks before the committee will der the application. by apply for membership of the Scargill Golf Club Inc. and if elected I agree to be bound by the Club Rules. note that owing to my membership fees being significantly competitive I will actively assist in Club ties such as working bees, competition day activities, etc.
Sign	d:Date:
We r	ominate the above person for membership:
Prop	osers Signature:Date: Seconders Signature: Date
	CE USE ONLY Application Received: Date Elected: Member Advised: