

CRUDEN BAY GOLF CLUB

PROPOSAL FOR ASSOCIATE SOCIAL MEMBERSHIP

PLEASE USE BLOCK CAPITALS THROUGHOUT

Date

Full Name Trade/Profession
(Mr, Rev, Dr, Mrs, Miss)

Address
.....

Date of Birth Tel No. Home Bus

E-mail

Name of Proposer Tel No.

Address
.....

Declaration: I have known the proposed member for years

Signed

Name of Seconder Tel No.

Address
.....

Declaration: I have known the proposed member for years

Signed

N.B. PROPOSER AND SECONDER MUST HAVE BEEN CLUB MEMBERS FOR 3 YEARS

Signature of applicant

The Golf Club Council reserve the right to interview applicants

<p style="text-align: center;">FOR OFFICIAL USE</p> <p>Date received</p>
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