

Singleton Golf Club Co-operative Limited Membership Application Form Financial Year 1st July 2023 to 30th June 2024

Title: Surname:		First Name/s:		
Street Address:		Suburb:	Po	ost Code:
Postal Address - if not above:				
Contact Numbers: Home	Mobile	<u> </u>	Work/Busines	s
DOB:/ Email				
Previous Golf Club Membersh	ip:	Golf	Link #:	Handicap:
I hereby apply to be admitted	to the above named Co-ор	perative in the c	ategory ticked below:	
Golfing Member (\$540 per year) - Che	eck Office or Bar	for Pro Rata Rates	
Junior Member (660 per year) - Che	eck Office or Bar	for Pro Rata Rates	
Previous/Most Recent Golf Cl	ub Membership:		Golf Link #:	HCP:
this application. I tender a payment for this member membership will not cancel	ship until the end of t	the financial y	vear and understan	
Applicant's Signature:		Date: .	/	
Nominated by Club Membe	r:Name		re (member #)	
Seconded by Club Director:	Name		re (member #)	
		CE USE ONLY		
Annual Subscription	\$			
Total Payable	\$			
Receipt Number#:				
MEMBERSHIP #:				
Application accepted	at Roard of Directors M	eeting /	/	President

Please Read the Club Privacy Statement below and sign where indicated.

Singleton Golf Club Co-operative Limited

PRIVACY STATEMENT

The Singleton Golf Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this application form will be used to process your membership application only. Failure to provide all 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 disclose your personal information to any other organisation or person unless there is a Legal requirement to do so.

I have read the above informati	on.	
		//
Name	Signature	Date