CABRAMATTA GOLF CLUB

Application for Full Membership (Blue Form)

I wish to nominate for FULL membership of the Club.

Surname: (block letters) _____

Christian Name: _____

Address: _____

D.O.B: _____ Phone No: _____

Email Address: _____

(please print)

Has the candidate previously been a member of Cabramatta G.C: _____

Is the candidate a member of or previously been a member of another club:

_____

Golflink No: _____ Handicap: _____

Has the candidate's name been submitted for membership with any other club and subsequently been declined or withdrawn: _____

I certify that the above are correct, and subject to all the foregoing, I hereby apply to be admitted to membership of the Cabramatta Golf Club, and if elected, agree to be bound by its rules and regulations.

Applicant's Signature: _____ **Date:** _____

Please note that in making application for Membership of the Club you acknowledge and accept that you will be subject to the Australian Golf Union handicapping system and your handicap may be reviewed in the absolute discretion of the General Committee on the basis of any cards returned in any competition. By making application to the Club you also expressly acknowledge and agree that you will have no right to make any representations to the handicapper before any decision is made to review your handicap and that there shall be no appeal whatsoever from any decision of the General Committee in relation to a review of your handicap.

ANNUAL MEMBERSHIP FEE
$1,150.00 (GST inclusive)
No Joining fee