



MEMBERSHIP NOMINATION FORM

SURNAME:		
GIVEN NAMES:		KNOWN AS:
DATE OF BIRTH:	MOBILE:	PHONE:
CURRENT ADDRESS:		
POSTAL ADDRESS:		
EMAIL:		
EMERGENCY CONTACT:		
RELATIONSHIP:	PHONE:	
OCCUPATION:	EMPLOYER:	
MEMBERSHIP DETAILS:		
CURRENT HOME CLUB:	HCP	GOLFLINK NO:
PREVIOUS CLUB HISTORY:		
NOMINATE BUSSELTON GOLF CLUB AS HOME CLUB: YES / NO		
MEMBERSHIP TYPE		
ORDINARY: :		FULL PAYMENT ON JOINING
FIFO:		FULL PAYMENT ON JOINING
REGIONAL:		FULL PAYMENT ON JOINING
SUNDAY :		FULL PAYMENT ON JOINING
INTERMEDIATE:		FULL PAYMENT ON JOINING
JUNIOR:		FULL PAYMENT ON JOINING
SUB-JUNIOR:		FULL PAYMENT ON JOINING
INTERNATIONAL: 3 MONTH MINIMUM		FULL PAYMENT ON JOINING
SOCIAL:		FULL PAYMENT ON JOINING
9-HOLE:		FULL PAYMENT ON JOINING
PAYMENT OPTIONS(CIRCLE ONE):	ANNUALLY	HALF-YEARLY QUARTERLY
SIGNATURE OF APPLICANT:		DATE:
SIGNATURE OF MOVER:	PRINT:	DATE:
SIGNATURE OF SECONDER:	PRINT:	DATE:

PAYMENT CALCULATION:

MEMBERSHIP FEE \$ _____

GOLF LINK FEE: \$ _____

TOTAL: \$ _____

BUSSELTON GOLF CLUB INC
PO Box 100 Busseton WA 6280
Phone: 9753 1050 FAX 9753 1138
manager@bussettongolfclub.com.au