



DEVONPORT GOLF CLUB

devonportgolf@bigpond.com

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www.devonportgolfclub.org.au



APPLICATION FOR MEMBERSHIP

I wish to join Devonport Golf Club and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules, Regulations and Constitution of the Club.

Signature Date

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members.

Class of Membership Applied For:

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name Known as.....

Surname Middle Initial

Home Address.....

Suburb..... Postcode

Postal Address

Suburb..... Postcode

Telephone: Home Business

Fax Mobile

E-Mail

Occupation.....

Left/Right Handed Date of Birth...../...../.....

Previous Golf Club..... Previous Handicap.....

Previous Golfink Number..... Will we be your Home Club.....

Proposer's Name..... Signature

Seconder's Name..... Signature

Emergency Family Contact Information:

Name (Print First and Surname)

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

OFFICE USE ONLY

Deposit Paid Application posted on Board Posted to Slice

Receipt Number:.....Date of Meeting Approved:.....

Date Received:Date letter/account Sent:.....