



SURNAME (MR/MRS/MISS/MS)

CHRISTIAN NAME

.....

ADDRESS

.....

POST CODE

OCCUPATION.....BIRTH DATE

PHONE.....MOBILE.....EMAIL

NAME OF PREVIOUS GOLF CLUB (if any)

PERIOD OF MEMBERSHIP.....PREVIOUS HANDICAP

PLEASE ATTACH PROOF OF CURRENT HANDICAP.

I hereby certify that I am over the age of 18 and I agree to abide by the Memorandum and Articles of Association, Rules and By-Laws of the LISMORE WORKERS GOLF CLUB

SIGNATURE.....DATE

PLEASE NOTE:

You must be a current member of the Lismore Workers Club prior to your application to join the Workers Golf Club being considered.

Current Workers Club Membership Number.....Sighted By

MEMBERSHIP CLASS

PROPOSED BY.....MEMBERSHIP No

SIGNATURE

SECONDED BY.....MEMBERSHIP No

SIGNATURE

PRIVACY STATEMENT

The Lismore Workers Club and Workers Golf Club are subjected to the provisions of the Privacy Act 1988. The personal information provided by you on this form/application and attached documents will be used to process your membership application. Failure to provide all of 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 usually disclose your personal information to any other organisation or person unless there is a legal requirement to do so. The Club may disclose your information to third parties that provide services under contract to the Club. These contracts require the third party to keep your personal information confidential and secure.

Signature

Date

Office Use Only

Receipt No..... Amount \$..... Signature

Checked by