



Katoomba Golf Club Ltd.
ABN 56 000 952 992

Acacia Street
Katoomba NSW 2780

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www.katoombagolf.com
katoombagolf@optusnet.com.au

Membership Application Nomination Form

Membership Types (Male or Female)

| Full Golfing Rights | Full Junior Golfing Rights | No Golfing Rights |
|-------------------------------|-------------------------------|--|
| Full Playing Member | Colt Junior (18-21 years) | Social Male or Female (over 18 years) |
| Full Playing Pensioner Member | Junior (12-18 years) | |
| | Cadet Junior (under 12 years) | |

Please tick if you would like Locker Hire

PLEASE PRINT INFORMATION LEGIBLY UNLESS REQUESTED TO SIGN

I, Mr / Mrs / Ms / Miss _____

of Address _____ State _____ Post Code _____

desire to become a _____ Member of Katoomba Golf Club Limited, and request you
(Please insert Membership Type)

enter my name on the Register of Members accordingly, and I agree to be bound by your Memorandum and Association and Rules or By-Laws made there under and certify that the information hereunder is correct.

Telephone – Home _____ Mobile _____

Occupation _____ Email _____

Is the applicant 21 years of age or over? Yes / No State Date of Birth ____/____/____

Is the applicant a Member of another Golf Club? Yes / No If Yes, State the Name of the Club _____

For Handicapping purposes, please provide your Golf Link number _____

Has the applicant previously been a Member of another Golf Club? Yes / No

If Yes, state the Name of the Club and the reason for leaving _____

Has the applicant had an Application for Membership to another Club deferred/rejected? Yes / No

If Yes, state the reason _____

Signed _____ Date ____/____/____

Nomination

We certify we know the applicant personally and that the information provided on page 1 is correct.

Print _____ Signature _____ Membership No _____
(Name of Nominator)

Print _____ Signature _____ Membership No _____
(Name of Nominator)

Privacy Statement

The Katoomba Golf Club is subject 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 the requested information may result in your application being rejected. You have the 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.

Your personal information, including information obtained as a result of you placing your membership card in a gaming or other club machine (not ATM's), may be used by the Club for marketing purposes to improve our services and to provide you with the latest information about those services and any new related services and promotions.

Do you wish to receive a copy of the Annual Report If yes, Email Post Do you want to receive Club News via email? Yes No

Signed _____ Date ____/____/____

(If under 18. Parent or Guardian to sign)

Membership Application Nomination Form (cont)

| |
|--------------------------------|
| Office Use Only |
| Nominated Member's Name: _____ |

Membership Fees \$ _____

Receipt No. _____ Date ____ / ____ / ____

Locker Fees \$ _____

Checked By: _____

TOTAL \$ _____
