

**LEETON GOLF CLUB**  
Acacia Avenue Leeton NSW 2705  
Phone: 6953 2270 e-mail: leetongolf@internode.on.net

**APPLICATION FOR MEMBERSHIP**

I wish to join the Leeton 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.

Membership Category .....

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

First Name ..... Middle Initial .....

Surname .....

Home Address .....

Suburb ..... Postcode .....

Postal Address .....

Suburb ..... Postcode .....

Telephone: Home ..... Business .....

Fax ..... Mobile .....

E-Mail .....

Occupation .....

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

Current Golf Club & Golfink Number .....

Is Leeton Golf Club to be your Home Club? Yes / No

Proposer's Name ..... Signature .....

Secunder's Name ..... Signature .....

Emergency Family Contact Information:

Name (Print First and Surname) .....

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

Phone Number (for emergency contact) .....

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**OFFICE USE ONLY**

Application posted on Board  Posted to Slice

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

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

Amount Paid ..... Received By .....