



BLACKWOOD GOLF CLUB INC

**JUNIOR TRY GOLF
NOMINATION FORM**

**To The Committee
Blackwood Golf Club Incorporated
PO Box 1015
Blackwood SA 5051**

FULL NAME: Mr/Mrs/Miss/Ms _____

HOME ADDRESS: _____

SUBURB: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

BUSINESS NAME: _____

EMERGENCY CONTACT: _____ CONTACT NUMBER: _____

DATE OF BIRTH: _____

IF CURRENTLY A MEMBER OR FORMER MEMBER OF A GOLF CLUB:

WHICH CLUB: _____ DATE LEFT: _____ HANDICAP: _____

REFEREE: _____ PHONE: _____

What interested you in the Try Golf membership? _____

I hereby agree to become a Try Golf Member of Blackwood Golf Club Incorporated and agree to be bound by the Membership Conditions, Constitution and rules thereof.

Dated the _____ day of _____ 200_____

Signature of Candidate _____

The full membership fee must accompany this nomination form.

Office use only:

Date Received: _____ Amount: \$ _____

Receipt Number: _____ Membership number: _____ Membership code: _____