



BLACKWOOD GOLF CLUB INC

NOMINATION FOR MEMBERSHIP

Full name: Mr/Mrs/Miss/Ms/Dr _____ Preferred Name: _____

Home address: _____

Postcode: _____ Phone: _____ Mobile: _____

Email Address: _____

Date of birth: _____ Are you interested in corporate sponsorship? ☐ Yes ☐ No

Occupation: _____ Company Name: _____

Do you wish to make your contact details visible to Blackwood members on the secure portal? ☐ Yes ☐ No

Emergency contact/Guardian: _____ Contact number: _____

Category of membership requested:

- | | | | |
|---------------------------------|---|---|--|
| <input type="checkbox"/> 7 Day | <input type="checkbox"/> Country 7 Day | <input type="checkbox"/> Junior 7 Day 18-21 | <input type="checkbox"/> Junior 16-17 |
| <input type="checkbox"/> 6 Day | <input type="checkbox"/> Country 6 Day | <input type="checkbox"/> Junior 6 Day 18-21 | <input type="checkbox"/> Junior 15 & under |
| <input type="checkbox"/> 5 Day | <input type="checkbox"/> Country 5 Day | <input type="checkbox"/> 5 Day Restricted | <input type="checkbox"/> Give Golf a Go ** |
| <input type="checkbox"/> Casual | <input type="checkbox"/> Social Non-playing | <input type="checkbox"/> 7 Day Student | |

If currently a member or former member of a golf club:

Which club: _____ Date left: _____ Handicap: _____

Blackwood to be your home club: Yes / No Golf Link number: _____

Referee: _____ Phone: _____

How did you hear about membership at Blackwood Golf Club?

- ☐ Family/Friend/Colleague ☐ Website ☐ Social Media ☐ Online Wedding Profile ☐ Print Ad
- ☐ Blackwood/Ironbank Football Club(s) ☐ Attended an event at Blackwood Golf Club ☐ Club Advantage
- ☐ Give Golf a Go Flyer/Participant ☐ Roadside Sign/Drove past ☐ Other _____

If elected I hereby agree to become a member of Blackwood Golf Club Incorporated and agree to be bound by the Constitution and rules thereof.

Signature of Candidate _____ Date _____

A \$50.00 (including GST) non-refundable application fee must accompany this application*.

If membership fees are to be paid by direct debit installments, please complete and attach a direct debit authorisation form with the relevant details.

*Excludes Juniors under 18

** Only available to Give Golf a Go graduates

| | | |
|----------------------|-----------------------|---|
| Office use only: | Receipt Number: _____ | Membership number: _____ |
| Date Received: _____ | Amount: \$_____ | Letter <input type="checkbox"/> Statement <input type="checkbox"/> Email <input type="checkbox"/> |