



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"/> 7 Day Student | |
| <input type="checkbox"/> Casual | <input type="checkbox"/> Social Non-playing | | |

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
- Get Into Golf 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. All remaining house account balances will be forfeited on resignation.

All potential members need to provide proof of at least their first dose of a Government approved COVID-19 vaccination.

Signature of Candidate _____ Date _____

A \$100.00 (including GST) non-refundable application fee must accompany this application*.

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

***Excludes Juniors under 18**

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