



HARRINGTON WATERS GOLF CLUB

harringtonwatersgolfcourse@gmail.com

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Phone: 02 6556 0404



APPLICATION FOR MEMBERSHIP

I wish to join Harrington Waters Golf Club and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations of the Club. The Committee reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature..... Date..... Type.....

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. A copy of the Club's privacy policy is available on request from the office.

PLEASE PRINT CLEARLY

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

First Name Known as.....

SurnameMiddle Initial

Home Address.....

Suburb..... Postcode

Postal Address

Suburb..... Postcode

Telephone: Home Mobile

E-Mail

Occupation.....

Own Motorised Golf Cart? Yes / No

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

Previous Golf Club Previous Handicap.....

Previous Golflink Number Will we be your Home Club?.....

Emergency Family Contact Information:

Name (Print First and Surname)

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

Phone Number (for emergency contact)

Nominated By.....Member Number.....

Seconded By.....Member Number.....

**It is not necessary to know a Harrington Waters Golf Club Member to be nominated.*

OFFICIAL USE ONLY

Receipt Number:.....Membership Number Issued.....

Posted To MiClub.....Date Received.....