



LAE GOLF CLUB INC.
2023 Membership Application Form

NEW MEMBER DETAILS									
PRIMARY NOMINEES DETAILS	TITLE:	SURNAME:	GIVEN NAME:	DATE OF BIRTH:					
CONTACT DETAILS									
POSTAL ADDRESS	PO BOX:	SUBURB:	CITY:	POSTCODE:					
CONTACT	MOBILE:		EMAIL:						
MEMBERSHIP TYPE (Please select one type only)									
ORDINARY:	<input type="checkbox"/>	FAMILY:	<input type="checkbox"/>	JUNIOR:	<input type="checkbox"/>	COUNTRY:	<input type="checkbox"/>	CADET:	<input type="checkbox"/>
IF JOINING AS A FAMILY, PLEASE COMPLETE THIS SECTION									
SPOUSE'S NAME				HC:					
CHILD'S NAME				AGE:					
CHILD'S NAME				AGE:					
CHILD'S NAME				AGE:					
CHILD'S NAME				AGE:					
PREVIOUS GOLF HISTORY									
Have you previously been a member of any Golf Club ?			YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	HC:				
Provide the name of your last club and last Membership Year			CLUB:		Yr:				
Do you have a Golf Australia "Golf Link" Number?			YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	GL:				
Has your spouse previously been a member of any Golf Club ?			YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	HC:				
Provide the name of their last club and last Membership Year			CLUB:		Yr:				
Do they have a Golf Australia "Golf Link" Number?			YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	GL:				
MEMBERSHIP FEE PAYMENT RESPONSIBILITY STATEMENT									
I will be paying for my / my families membership.			YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	DUE 31 JAN EACH YEAR				
My Employer will be paying for my / my families membership.			YES: <input type="checkbox"/>	NO: <input type="checkbox"/>					
Do You Require any of the following?									
Locker: <input type="checkbox"/>	Qty:	OFFICE USE ONLY		No:					
Cart Bay: <input type="checkbox"/>	Electric Cart: <input type="checkbox"/>			Petrol Cart: <input type="checkbox"/>	Bay:				
IF YOUR EMPLOYER IS PAYING, PLEASE PROVIDE THE FOLLOWING:									
COMPANY NAME:									
YOUR OCCUPATION:									
ACCOUNTS REPRESENTATIVE:									
ACCOUNTS EMAIL ADDRESS:									
ACCOUNTS CONTACT NO:									

MEMBERSHIP ACCEPTANCE STATEMENT

I/We hereby apply for membership of Lae Golf Club Incorporated and if this application is approved, I/We undertake to be bound by the Constitution, Articles, Rules, Regulations and By-Laws of the Club.

DATE		Signed by Primary Nominee	
DATE		Signed by Proposer	
DATE		Signed by Seconder	