



Application for Membership

Please note that all sections are important and should be completed.
This information assists us to provide better service and effectively target the needs of our members.

Membership Category: _____

I wish to join Kingston Beach Golf Club Inc. I hereby apply to be admitted as a member thereof,
and agree to be subject to the Rules, Regulations and Constitution of the Club.

Signature: _____ Date: ____/____/____

Personal Information

Title: _____ First Name: _____ Middle Initial: _____

Family Name: _____

Preferred Name (if applicable): _____

Date of Birth is a requirement for all members: **Date of Birth:** _____

Home Address: _____

Suburb: _____ Postcode: _____

Postal Address: _____ Suburb: _____ P/Code: _____

Email: _____

Telephone: Mobile: _____ Home: _____

Business: _____

Occupation: _____ Left/Right Handed: _____

Previous Golf Club: _____ **Golf Link Number:** _____

Emergency Contact Information

Name: (Please print first and family name): _____

Relationship: _____ Emergency Contact Phone: _____

OFFICE USE ONLY:

Date Entered on Slice: ____/____/____ Membership Number: _____

Proposer: _____ Signature: _____
(if applicable)

Seconder: _____ Signature: _____
(if applicable)

