



NORTH HAVEN GOLF CLUB INC

Lady Ruthven Drive, Outer Harbour
P.O. Box 524 Port Adelaide 5015

APPLICATION FOR MEMBERSHIP

COST: \$110

JANUARY 1st 2019 – MARCH 31st 2020

I hereby apply for Membership of the North Haven Golf Club and agree to be bound by the Constitution and By-Laws of the Club.

Mr/Mrs/Miss/Ms:
(Surname) (Christian Name)

Address:

..... Phone:

Date of Birth:/...../..... Occupation.....

Email Address:

Past or Present Member: Handicap:
of a Golf Club.

SIGNATURE OF APPLICANT: Date:/...../.....

The Management Committee shall have the power to refuse an application for membership in their absolute discretion without giving a reason. On acceptance of Membership the annual fee becomes payable

OFFICE USE ONLY

Receipt No: Date received:/...../.....