



APPLICATION FOR MEMBERSHIP

Surname: _____ First Name: _____

Preferred Name: _____

Home Address: _____

City/Suburb: _____ Postcode: _____

State: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____

Occupation: _____

Employer: _____

Home Golf Club: _____

GolfLink Number: _____ Exact Handicap: _____

Twin Waters Golf Club members known to me:

***I hereby apply for Membership of the Twin Waters Golf Club
in the following category: (please tick)***

Full Membership Overseas/Interstate

Limited Playing 5 Day Membership (Mon-Fri)

In making this application and in the event of my admission as a member, I agree to be bound by the Terms & Conditions of membership & the rules of the Club for the time being in force.

Signature of Applicant: _____

Date: _____