SUGAR VALLEY GOLF CLUB
PO Box 135 West Wallsend 2286
Boundary Street
West Wallsend 2286
ABN : 36 693 463 764

Date: ..... / ...../ .....

Nomination for (6 Months) New Membership

(DECEMBER TILL JUNE)

Surname: ..... Date of Birth: ...../...../ .....

Given Names: .....

Address: .....

Suburb : .....Post Code.....

Preferred Name on Membership Card: .....

Phone Number: ..... Mobile: .....

E-Mail Address: .....

Membership: Full Member Male / Female

Payment: $ 180.00 Paid by Direct Banking (6 Months from January to June) Only

Account Name: Sugar Valley Golf Club Inc.

BSB: 650 000 Account No: 547501909 Reference: You're Name

Drummond Golf Membership card required: Yes / No (Part of Membership)

Previous Golf Club Membership: .....

Still a Member: Yes / No Years of Membership: .....

Golf Link Number: .....

Sugar Valley Golf Club Home Club: Yes / No

Member Nominee (Must be a Financial Member)

Nominee Name: ..... Signature: .....

Seconder Name: ..... Signature: .....