



CHEQUERS GOLF CLUB Inc

handicapper@chequersgolf.org

P O Box 5 BULLSBROOK WA 6084 Phone: 08
9571 1277 Fax: 08 9571 1237



APPLICATION FOR MEMBERSHIP

I wish to join Chequers Golf Club inc and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations of the Club. The Committee reserve the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature Date Type

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members. A copy of the Club's privacy policy is available on request from the office.

PLEASE PRINT CLEARLY

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name Known as

Surname Middle Initial

Home Address

Suburb..... Postcode.....

Postal Address

Suburb..... Postcode.....

Telephone: Home Business.....

Fax Mobile

E-Mail (Please use capital letters)..... ;'

Occupation.....

Left/Right Handed Date of Birth/...../.....

Previous Golf Club..... Previous Handicap.....

Previous Golfink Number Will we be your Home Club

ProposedSeconded.....

Emergency Family Contact Information:

Name (Print First and Surname).....

Relationship (i.e. Wife, Son, Friend)

Phone Number (for emergency contact)

OFFICE USE ONLY

Posted to Slice Membership Number Issued:-

Receipt Number: Date of Meeting Approved:

Date Received:..... Date letter/account Sent: