

PLEASANT POINT GOLF CLUB

P O Box 28
PLEASANT POINT
Telephone 614-7304

MEMBERSHIP APPLICATION FORM

I _____
(Given name) (Surname) **Block Letters**

of _____
(Address)

Telephone Number _____ Email address _____

Hereby apply for

Please tick	
	Full
	Nine-hole
	Associate
	Limited
	Young Persons Date of Birth: _____ Age: _____
	Social
	Summer
	Auxiliary – Sister club benefits do not apply to this membership

For PPGC Administration	
Wlc	
Acct	
Db	
Agda	

Membership of the Pleasant Point Golf Club and if accepted agree to abide by the Rules of the Club.

Name of Golf Club you have been a member of _____

Full ID number including Club number _____ **Handicap Index** _____

Please be aware of Section 13 of the Club's Rules, it reads:

Any member wishing to withdraw from the Club shall tender their resignation in writing to the Secretary prior to the 31st December and in default of them so doing shall be liable for a full subscription for that year.

Signature _____

Proposer _____ Seconder _____

✂ _____

This is to certify that _____ is a Provisional member and is entitled to all playing rights of this category of membership.

PLEASANT POINT GOLF CLUB INC.

Category _____ Valid Until _____ Committee member _____
(Signature)