

**Shoalhaven Heads Golf Club Ltd**  
**P O Box 50 Shoalhaven Heads NSW 2535**  
**Email: membership@shoalhavenheadsgolfclub.com.au**

## **SOCIAL Membership Application**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_ DOB \_\_\_\_\_

Contact No (Mobile preferred) \_\_\_\_\_

Email address \_\_\_\_\_

Membership term (please circle):    1 year (\$10)    OR    5 year (\$33)

Payment method (please circle):    Cash    OR    Card

I hereby apply to be elected as a member of the Shoalhaven Heads Golf Club subject to the Rules and By Laws of the Club. I consent to accept and, always, abide by those rules and By Laws without reservation. I declare I have not been suspended from any other club for any reason.

I attest the above information is true and accurate.

**Signature of NOMINEE** \_\_\_\_\_ **Date** \_\_\_\_\_

For office use:

Payment accepted by: \_\_\_\_\_ Signature \_\_\_\_\_

Board notified: \_\_\_\_\_