



All correspondence to:
 The General Manager
 Golf Links Road
 BUDERIM QLD 4556

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 Fax: (07) 5444 7123
 Email: golf@headlandgolfclub.com.au
 Web: www.headlandgolfclub.com.au

HEADLAND GOLF CLUB – COUNTRY MEMBERSHIP NOMINATION

Name: Dr / Mr / Mrs / Miss / Ms _____
(Surname) (Given Name)

Address: Unit/Street Number: _____ Street: _____

Suburb: _____ Post Code: _____

Postal Address: As Above

Suburb: _____ Post Code: _____

Email: _____

Mobile Number: _____ **Home Phone:** _____

Occupation: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____

Proposer's Name: _____ **Signature:** _____

Seconder's Name: _____ **Signature:** _____

NB: It is not essential to have a Proposer or Seconder to join

"Golf Australia (GA) requires the information requested above for the purposes of Golf Link. Your personal information will only be used in accordance with the Golf Link 'Activity' and to provide you with Golf Link services. If the requested information is not provided to GA you may not be able to obtain Golf Link services including an official Australian handicap. Should you wish, you will be able to access your personal information through GA upon reasonable notice".

Most recent Golf Club Membership (club name): _____

Have you ever held a GA handicap? Yes No If yes, what handicap did you play off? _____

If yes, what is your last known or current Golf Link number: _____

If you hold a current golf membership at another golf club, do you wish to change your Golf Link number to Headland Golf Club? Yes No Not applicable

How did you hear about us? _____

Do you give Headland Golf Club permission to publish your name and telephone number in the Member's Handbook? Yes No

How would you prefer to receive your Annual Subscription Notice, Annual Report and other important correspondence from Headland Golf Club? Email Post

OFFICE USE ONLY

MEMBERSHIP NO: _____ DATE PAID: _____

ENTRANCE: \$ _____ SUBS: \$ _____ GQ/GA: \$ _____