



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

Phone: (07) 5444 5800
 Fax: (07) 5444 7123
 Email: golf@headlandgolfclub.com.au
www.headlandgolfclub.com.au

HEADLAND GOLF CLUB JUNIOR MEMBERSHIP APPLICATION

Full name: _____
 (Surname) (First name/s)

Sex: Male Female Current Age: _____ Date of birth: _____

Address in full: Unit and or Street Number: _____ Street: _____

Suburb: _____ Post Code: _____

Postal address: Same as Above

Suburb: _____ Postcode: _____

Email: _____

Phone: Home: _____ Mobile: _____

Signature: _____ Date: _____

Authorisation is required by your parent or guardian

Parent/Guardian Name: _____ Signature: _____ Date: _____

Emergency Contact: Home: _____ Work: _____ Mobile: _____

"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".

Current golf club memberships _____

Past golf club memberships _____

Do you wish to be handicapped at Headland Golf Club? Yes No

Have you ever held a GA handicap? Yes No

If yes, what handicap did you play off? _____ At which club? _____

Golfink number _____ In what year? _____

How did you hear about us? _____

Proposer's name _____ Signature _____ Membership _____

Seconder's name _____ Signature _____ Membership _____

N.B. THIS NOMINATION MUST BE ACCOMPANIED BY ENTRANCE FEE AND ANNUAL SUBSCRIPTION AND MUST BE FULLY COMPLETED

OFFICE USE ONLY
 MEMBERSHIP # _____ DATE PAID _____ ENTRANCE \$ _____ SUBS \$ _____ GO/GA \$ _____