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 Email: info@mtcoolumgolf.com
 Website: www.mtcoolumgolf.com

NOMINATION FORM – JUNIOR MEMBERSHIP

NAME IN FULL: Male/Female
 (Please print)

ADDRESS:
 Postcode

TELEPHONE: H..... DATE OF BIRTH:

PREVIOUS/CURRENT GOLF CLUB Handicap

FULL NAME OF PARENT/GUARDIAN
 (Please print)

ADDRESS:

TELEPHONE H..... W..... Mob.....

Fax/Email..... **PROOF OF AGE SIGHTED Yes/No**

PARENT/GUARDIAN SIGNATURE:

Subscription	\$	
Affiliation & Insurance & GolfLink	\$	
TOTAL	\$	Receipt No.

We, the undersigned, being current financial ordinary members of Mount Coolum Golf Club Inc., willingly accept all the responsibilities of Proposer & Seconder to this application. Both Junior and Parent/Guardian are fully aware of all rules, policies and procedures that apply exclusively to Junior Golfers and standards of behaviour expected from Club Members.

PROPOSER:	Member No.
Signature:	Phone No.
SECONDER:	Member No.
Signature:	Phone No.

Date submitted: Membership No.

Office use only

Proposer and Seconder Signed Copies GolfLink