

ONGA ONGA GOLF CLUB

MEMBERSHIP NOMINATION FORM

I, .....

Address.....

Email.....

Phone.....

Agree to be nominated as a club member of the Onga Onga Golf Club

Proposer (print name).....

Signature.....

Seconder (print name).....

Signature.....

Date .....

Date of birth if under 19 years.....

Full Playing    9 Hole    Country    Junior – under 19    Tertiary    Social    (please circle)

Have you been a member of another club?    Yes/ No

If so, please name the club .....