



Ladies Let's Golf Membership Form

To the Committee

Surname _____ Title _____

Given name(s) _____

E-mail _____

Address _____

Date of Birth _____ Mobile _____

Home Telephone _____ Work Telephone _____

Employer's Name _____ Occupation _____

as a _____ Member of The Brisbane Golf Club Inc.

Have you ever had a golf handicap before? Yes No

Do you agree to having your contact details published in the Member Diary / Website or otherwise disclosed to other members? Yes No

If elected, I hereby agree to become a member of The Brisbane Golf Club Inc. and agree to be bound by the Constitution and Rules thereof.

I also acknowledge that I have read and understand The Brisbane Golf Club Inc. Privacy Policy.

Signature of Candidate _____

Name _____ Date _____
Please Print Name

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