



Application for Membership

Drumwood Road, Jindera. PO Box 132, Jindera NSW 2642

Name: Mr / Mrs / Miss / Ms
Surname Given Names

Address.....Postcode.....

Home Phone..... Mobile.....

Email.....

Date of Birth.....Occupation.....

Do you hold a current Australian Golf Handicap? If 'yes'

Where..... Handicap..... Golf Link No.....

Do you want to transfer your handicap to Jindera Country Golf Club? Yes / No

I request to become a member of the Jindera Country Golf Club and I agree to abide by the club rules and by-laws.

Signature..... Date.....

Proposed by..... Date.....

Seconded by..... Date.....

Please return to: The Secretary
Jindera Country Golf Club
PO Box 132
Jindera NSW 2642

Full fees must be paid at time of lodgement of this application form.

Fees Payable: **Adults** Membership \$100
Juniors Membership \$30
EFT - BSB 640 000 A/C 111 096 047
Email: admin@jinderagolfclub.com
Please use your full name as the reference

COMMITTEE USE:

Receipt No.....

Membership No.....

Copy to Handicap Manager.....

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