



# 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** \$140.00  
**Juniors** \$35.00  
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.....

*Home of the region's first synthetic grass greens*