



11 Paradise Beach Road,  
SANCTUARY POINT NSW 2540  
Ph: 02 4443 0666 Fax: 02 4443 8084  
Pro shop: 02 4443 0836  
www.basincountryclub.com.au

## **LADIES GOLF MEMBERSHIP: APPLICATION FORM**

Date joined:.....

SGB Country Club membership number:.....

Surname:.....

Given names:.....

Address:.....

Date of birth:.....

Contact number:..... Mobile:.....

Email address:.....

Previous club:.....

### **HANDICAP DETAILS:**

Do you have a golf handicap:           **YES**       **NO**

Is your handicap current:               **YES**       **NO**

Previous handicap:.....Current handicap:.....

GOLF LINK number:.....

Would you like to make St. Georges Basin Country Club your home club?   **YES**       **NO**

If not which club would you like recorded as your home club:.....

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