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**GOLF MEMBERSHIP: APPLICATION FORM**

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Which Club do you wish to join

- |   |  |
|---|--|
| <input type="checkbox"/> St Georges Basin Men's   | <input type="checkbox"/> Vincentia Men's   |
| <input type="checkbox"/> St Georges Basin Ladies  | <input type="checkbox"/> Vincentia Ladies  |
| <input type="checkbox"/> St Georges Basin Juniors | <input type="checkbox"/> Vincentia Juniors |

Date joined:.....

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:.....Previous Club:.....

Previous GOLF LINK number (if known) :.....

Which Club would you like to make your home Club?:.....

Have you ever been disqualified or suspended as a member of a golf club?   **YES**   **NO**

If yes, please describe the circumstances of your disqualification/suspension:.....

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