

Application for *Swingers*



Surname Given Name (Preferred Name).....

Email..... D.O.B...../...../.....

Address

..... Post Code

Occupation..... Company.....

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

Emergency Contact Name..... Contact Number.....

Golfing Ability / Experience.....

Details.....

Have you been or are you currently a member of another Swingers Group.....

I certify that the above information is true and correct. I hereby apply to be elected a member of Long Reef Golf Club Limited and request, if elected, that my name be entered in the Register of Members. I agree to be bound by the Memorandum and Articles of Association of the Company.

Signature of Applicant: Date:

Proposed by: Member No: Date:

Seconded by: Member No: Date:

OFFICE USE ONLY:

Date Received: Processed by: Introduced by:

Notes.....

Please return this form to:

Swingers Group
Long Reef Golf Club
PO Box 182
Collaroy NSW 2097

membership@lrgc.com.au
Fax: 9982 4648
Ph: 9971 8113



Swingers