



ROSEWOOD GOLF CLUB INC.

Karrabin Rosewood Road, ROSEWOOD QLD 4340
 PO Box 17, ROSEWOOD QLD 4340
 Telephone: (07) 5464 1201
 Fax: (07) 5467 9242
 ABN 66 613 220 309



Nomination Form 2011-2012

Please print or write clearly

Personal Details

First Name		Surname			
Home address		Suburb/City		State	Post Code
Home Phone No.	Work Phone No.		Email Address		
Sex	Occupation			Date of Birth (Juniors)	
Current GolfLink No.			Membership of other clubs		

NOTE:

1. Membership at Rosewood Golf Club is for the period of one year from the date of application.
2. A deposit of at least half the prescribed fee is required to be paid with the nomination application.
3. Monthly Memberships are to be paid by the 1st of each month in advance
4. Circle payment choice (ie Yearly, 6 Monthly, Quarterly or Monthly)
5. Limited/Social to nominate whether a Golf Link Handicap is required.

Fees are as follows:

Membership Category	Tick	Golf Link	Yearly	6 Monthly	Quarterly	Monthly
Full Member		Yes	\$395.00	\$197.50	\$98.75	\$32.90
Limited/Social member (6 Day Sunday to Friday. With AGU handicap)			\$300.00	\$150.00	\$75.00	\$25
Family membership. Husband & wife (or equivalent) couples receive a discount on full memberships. The Family fee is shown.		Yes	\$740.00	\$370.00	\$185.00	\$61.65
Junior (13 to 17 years of age)			\$85.00	\$42.50	\$21.25	N/A
House member (Clubhouse facilities only)		No	\$ 5.00	N/A	N/A	N/A

I certify that I wish to nominate for membership (as shown above) of the Rosewood Golf Club Inc and I agree to be bound by the Constitution, Rules of Golf and By-Laws of the club. I have paid the required deposit (see above) as a part of the nomination application.

Signature of Person Nominating.....Date / /

Proposer (Print clearly)	Signature	Seconder (Print clearly)	Signature

Both proposer and Seconder MUST be financial members of the club at the time of proposing the new member

Office Use Only

Date Joined	Receipt Number	Fees Paid