



MEMBERSHIP NOMINATION FORM

Surname: Mr/Mrs/Miss _____

Initials: _____

Preferred First Name: _____

Postal Address: _____

Town: _____

Phone: Home: _____ Work: _____

Mobile: _____ Email: _____

DOB: _____ Occupation: _____

Previous Golf Club: _____ Year: _____

Last Official Handicap if any: _____

Membership Category:

Full Playing Member (\$750) / 9 Holes Member (\$535) / Mid-Week (\$635) /
Country Affiliated (\$295) / Country Unaffiliated (\$200) / Summer (Oct/Mar) (\$460) /
35 & Under (\$450) / 23 & Under (\$240) / Secondary School (\$85) /
Primary School (\$50) / Social (\$20)

Proposer:..... Signed:

Seconder:..... Signed:

*I wish to become a member of the Thames Golf Club and agree
to abide by the rules and constitution of the Thames Golf Club.*

Signed:.....

Dated:

Office Use Only:

Amount:.....

Entered in Dot Golf

Type:.....

Membership List

Receipt No:

Email Recorded

ID No:.....