

PO Box 185 Highfields Qld 4352

**NOMINATION FOR MEMBERSHIP**

I, (Given Names and Surname per Driver’s Licence)…………………………………………………………………………….

Preferred Name…………………………………………………………………………………………………………………………………

Of (Residential Address)………………………………………………………………………………………………………………………

 (Occupation)……………………………………………………………………………………………………………………………………....

(Email)……………………………………………………………………………………………….(ph Mobile)……………………………..

Driver’s Licence Number………………………………………………………………..Date of Birth………………………………

Nationality…………………………………………………………………………………………………………………………………………..

Apply for: 1. Ordinary Membership

(Please circle membership) 2. Defence Personnel Membership

 3. Junior Membership DOB………………………(Juniors Only)

NOTE: All membership applications, other than Defence Personnel memberships, must include a completed Commonwealth Indemnity form (see reverse of this form).

Are you, or have you ever been, a member of another golf club? YES/NO

If YES, Golf Club/s………………………………………………………………..Golflink No……………………………………………

If you are a member of another club, which club will be your home club?.............................................

Do you have a current AGU handicap? YES/NO What is that handicap?............................................

Will you be playing competition golf? YES/NO If yes, would you like to be a Trophy Donor? YES/NO

If you do not have a current AGU handicap, you will be required to submit 5 scorecards to gain an AGU handicap. A Provisional handicap may be awarded after submitting 3 cards.

Proposer………………………………………………….Signature……………………………………………….Date……/……/….....

Seconder…………………………………………………Signature………………………………………………..Date……/……/…….

**Please note that you will require a Department of Defence pass.**

Office Use Only

TREASURER Membership Fees…………………………… Receipt No……………………………………………

SECRETARY Approved………………. Notified………………………..GL Number……………………………..

**CIVILIAN MEMBERSHIP OF CABARLAH GOLF COURSE**

**FORM OF INDEMNITY**

In consideration of being elected as an Ordinary or Junior member of the Cabarlah Golf Course

I, (Print Full Name)……………………………………………………………………………………………………………………………….

Of…………………………………………………………………………………………………………………………………………………….....

…………………………………………………………………………………………………………………………………………………………….

1. Hereby undertake and agree that neither I nor any officer, soldier, servant or workman in the Australian Military Forces or any person in the employ of the Commonwealth of Australia in respect of any loss or injury will make any claim against the Commonwealth of Australia, the Military Board or any officer, soldier, servant or workman in the Australian Military Forces or any person in the employ of service of the Commonwealth of Australia in respect of any loss or injury to property or person (including injury resulting in death) which I may suffer while, or in consequence of , my being an ordinary/junior member of the club. I further agree that no compensation (other than claims under the club’s public liability policies) will be payable to me, my heirs, executors or administrators by the Commonwealth of Australia, the Military Board or any officer, soldier, servant or workman in the Australian Military Forces or any person in the employ or service of the Commonwealth of Australia in respect of any such loss or injury.
2. Acknowledge and agree that the Commonwealth of Australia accepts no responsibility for loss or damage to vehicles whilst parked on Army property or to any goods or things carried in or on the said vehicle, whether caused by negligence or in any manner whatsoever, and
3. Hereby bind myself, my heirs, executors and administrators to indemnify the Commonwealth of Australia, the Military Board, all officers, soldiers, servants or workmen in the Australian Military Forces and all persons in the employ or service of the Commonwealth of Australia against any claim which may be made by any persons against them or any of them arising out of any act or default on my part during or in connection with my ordinary/junior membership of the club.

Signed by the abovenamed

………………………………………………………………………….. …………………………………………………………………………….

 (Name of Applicant or Guardian) (Signature of Applicant or Guardian)

This………………………………………………….Day of…………………………………………………………………………20………….

In the presence of ……………………………………………………………………………………………………………………………….

 (Signature of Witness)

Address of Witness……………………………………………………………………………………………………………………………

Designation of Witness………………………………………………………………………………………………………………………...