



MEMBER DELEGATE APPOINTMENT FORM (for Metropolitan Clubs in Zone B)

The Member Delegate for _____ Golf Club is:

Name: _____

Address: _____

Phone: _____

Email: _____

NAME: Club Manager / Office Bearer

SIGNATURE:

Please return to Golf NSW:

Via email: cherie.allan@golfnsw.org

Via fax: (02) 9505 9199

Via post: Cherie Allan, Executive Assistant
Golf NSW
P O Box 195, Arncliffe NSW 2205

Prompt return of Member Delegate appointment forms will be much appreciated

CLOSING DATE: 1ST JUNE 2012
