MEMBERSHIP APPLICATION 2018

CABOOLTURE GOLF CLUB

APPLICANT DETAILS

MR / MRS / MS / MISS: _____ _____

(circle applicable title) Given Name (s) Family Name

DATE OF BIRTH: _____ GOLFLINK NO: _____

HOME ADDRESS: _____

POSTAL ADDRESS: _____

HOME PHONE: _____ MOBILE: _____ EMAIL: _____

OCCUPATION: _____

Have you been a member of a Golf Club in the last 5 Years ☐ YES ☐ NO Where: _____

Is Caboolture Golf Club to be new HOMECLUB ☐ YES ☐ NO

Are you bringing a MOTORISED BUGGY ☐ YES ☐ NO (ADDITIONAL FEES APPLY)

Do you consent for your personal information (name, member number and phone numbers) to be published in the annual Fixtures Booklet ☐ YES ☐ NO

MEMBERSHIP CATEGORIES * (please circle the type of membership you are applying for)

ORDINARY MEMBERSHIP	$864	JUNIOR MEMBERSHIP + HANDICAP	$120
LIMITED MEMBERSHIP	$371	JUNIOR MEMBERSHIP NO HANDICAP	$40
INTERMEDIATE MEMBERSHIP	$252	COUNTRY MEMBERSHIP	$371
		SOCIAL MEMBERSHIP	$5

ACKNOWLEDGEMENT

I The undersigned, hereby make application for the above nominated class of Membership and acknowledge that the Board and or Management of the Club may, at their sole discretion, refrain from or refuse to elect me to membership without assigning any reason Therefore. If accepted, I undertake to abide by the Rules and By-Laws of the club. I acknowledge the details of my name, address and handicap may be forwarded to Golf Australia to provide Golf Link services

SIGNED: _____ DATED: _____

JUNIOR MEMBERHIP APPLICATIONS ONLY

As the parent/guardian of the Applicant named above, I acknowledge and accept the conditions relative to Membership of Caboolture

PARENT/GUARDIAN NAME: _____

SIGNED: _____ DATED: _____

PROPOSER: _____ SIGNED: _____

SECONDER: _____ SIGNED: _____