MEMBERSHIP APPLICATION 2020

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	$899	JUNIOR MEMBERSHIP + HANDICAP	$121
LIMITED MEMBERSHIP	$386	JUNIOR MEMBERSHIP NO HANDICAP	$41
INTERMEDIATE MEMBERSHIP	$264	COUNTRY MEMBERSHIP	$386
		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: _____