

Parent / Guardian Full Name

OFFICE USE ONLY

Date Received:

CABOOLTURE GOLF CLUB

MEMBERSHIP APPLICATION 2022

Title	Given Name (will appear on Membership (o Card)	ard) Family Name (will appear on Membership Card)		
DATE OF BIRTH:	Осси			TION:		
HOME ADDRESS:						
MAILING ADDRESS:						
TOTAL LINE A LEGISTRESS.	(If different to Home Address)				
Home Phone:	WORK PHONE:			MOBILE:		
EMAIL ADDRESS:						
MEMBERSHIP CATEGORY* (please tick the type of membership you are applying for)						
Ordinary Men	nbership \$	935.00		Junior Membership with H'cap	\$ 140.00	
☐ Limited Meml	bership \$	400.00		Junior Membership without H'cap	\$ 57.50	
Part Time Me	mbership \$	400.00		Intermediate Membership	\$ 285.00	
Country Mem	bersinp .	400.00	for datails	Social Membership	\$ 5.00	
* pro-rata fees apply across all categories except Social Membership. Contact Club for details.						
GOLF DETAILS Have you been a member of a Golf Club which has been your designated HOME CLUB during the last year? Yes No D						
If YES – which Club? GOLFLINK NO:						
Is Caboolture Golf Club to be your new HOME CLUB for handicapping purposes? Yes No						
Will you be bringing a motorised buggy onto the course? (additional fe					res 🗆 No 🗖	
ACKNOWLEDGEMENT						
I, the undersigned, hereby make application for the above nominated class of Membership and acknowledge that the Board 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 that details of my name, address and handicap may be forwarded to "Golf Australia" to provide Golf Link services.						
SIGNED:				Date:		
Applicant's Signature Proposer:						
Full Name			Signo	ature	 	
SECONDER:						
Full Name			Signo	ature		
JUNIOR MEMBERSHIP APPLICANTS ONLY As the parent/guardian of the Applicant named above, I acknowledge and accept the conditions relative to Membership of Caboolture Golf Club referred to in this application. Signer:						

Signature

Yes \square No \square

Date: