Application For Golf Membership

Member Number

Membership Category

Full 7 Day Membership ☐ 6 Day Membership ☐ Midweek 5 Day Membership ☐ Restricted ☐ Junior ☐ Sub Junior ☐

Payment Plan Required

Monthly ☐ Fortnightly ☐ Weekly ☐

Application Details

Title (e.g Mr, Mrs, Miss, Ms, Dr ect, please specify)

First Name: Last Name:

Address:

Number Street ect

Suburb: Postcode:

Date Of Birth: / / Occupation/Status:

Phone: Mobile Home

Email:

I hereby apply for membership of the Pine Rivers Golf Club Inc and agree that I will, if my application is accepted, abide by the Club's Constitution and Rules, Code of Conduct and Dress Standards.

Signature Date / /

Other Details

Have you ever been a Member of a Golf club? Yes ☐ No ☐

If YES, I belonged to

Do you have a Golf Link Number? Yes ☐ No ☐ If Yes, it is

Would you like Pine Rivers Golf Club to be your home club? Yes ☐ No ☐

Office use only

Full Payment Received? ☐ Application with PAYG approved ☐ Monthly ☐ Fortnightly ☐ Weekly ☐

Entered in data base? ☐ Welcome letter sent? ☐ Membership No.