 GEORGES RIVER GOLF CLUB INC

 255 Henry Lawson Drive GEORGES HALL NSW 2198

Phone: (02) 9724 1615 E admin@georgesrivergolf.com.au

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# APPLICATION FOR MEMBERSHIP

I wish to join Georges River Golf Club Inc. and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules and Regulations of the Club. The Committee reserve the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature Date

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The ‘date of birth’ is a requirement for all Members. A copy of the Club’s privacy policy is available on request from the office.

**PLEASE PRINT CLEARLY**

 (Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name Known as

Surname Middle Initial

Home Address

 Suburb Postcode

 Telephone:

E-Mail

Occupation

Left/Right Handed Date of Birth……../…..…/……..…

Previous Golf Club Previous Handicap

Previous Golflink Number Will we be your Home Club

Have you ever been suspended/sited or refused membership by any golf club.

Yes No If yes please give details on reverse of this form.

Name of Member recommending you to our club

Emergency Family Contact Information:

Name (Print First and Surname)

Phone Number (for emergency contact)

Have you ever been suspended/sited or refused membership by any golf club

YES / NO If “YES” please give details on reverse of this form

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OFFICE USE ONLY

**7 Day $1099 🞏**  **5** D**ay $899 🞏**  **Pensioner $799 🞏 Senior $999 🞏 Junior $150 🞏**

**Full time Student over 18 $350 🞏 Young Member Non Student under 30 $500 🞏**

Receipt Number: Date of Meeting Approved:

Date Received: Date letter/account Sent: