



Corinda Golf Social Club

2015 Membership Application Form

Surname: _____

First Name: _____ Other names: _____

Date of Birth: ___/___/_____ (Juniors only)

Junior (under 18 at 01.01.2015) Male Female Annual Fee: **\$40**

Adult Male Female Annual Fee: **\$50**

Contact Details:

Street num: _____ Street name: _____

Suburb: _____ Postcode: _____

Home Ph: _____ Mobile: _____

Email: _____

Occupation: _____

Emergency Contact Person: _____

Phone num: _____ Relationship: _____

Basic Member Rules:

- Members must play a minimum of ten 9 hole competition rounds per annum at the club
- Members must abide by the club rules as set down by the Committee from time to time
- Members must abide by the course rules as set by the management of Corinda Golf Course and Pitch and Putt

I have read and accept these terms

_____ Date: / / _____

Applicant

Witness

Office Use Only: Amount paid: \$50 \$40 Received by : _____ Date: _____