

KORUMBURRA GOLF CLUB INC. APPLICATION FOR MEMBERSHIP

Office Use Only	
Approval Date://	
Register Entry://	
Golf Link ID:	
Expiry Date://	

APPLICATION FOR ME	MBERSHIP	
Membership Type ☐ Full Year (01 Apr - 31 Mar) ☐ Pro Rata (31 M	lar) Summer Only (01 Dec - 31 Mar)	
Membership Category □ Male □ Female		
☐ 1 st Year ☐ Ordinary ☐ Country ☐ Auxilliary ☐ Inte ☐ Junior Cadet ☐ Non Playing ☐ Social	ermediate (18 - 25 Yrs) ☐ Associate (< 15 Yrs)	
Applicant Details		
Title: Given	Names:	
Street Address:		
Suburb: Post Code:		
Postal Address:		
Suburb: Post Code:		
Home Phone Mobile	Email	
Date of Birth: Occup	pation:	
Emergency Contact Name Eme	ergency Phone	
Questions for Applicant		
Have you ever been a member of a Golf Club?	□ Yes □ No	
If yes, what was the name of the Club?		
2. Are you still a member of this Club? ☐ Yes ☐ No		
If yes, would you like us to administer your Golf Handicap and be your home club? ☐ Yes ☐ No		
3. Do you have or have you ever held an Australian Golf Handicap ☐ Yes ☐ No		
If yes, what is/was your handicap?		
I hereby apply for membership as nominated above and declare that the information I have provided is true and correct.		
Signed: (Applicant) Date:		
Membership Proposed By: Signature	Printed Name	
Membership Seconded By: Signature	Printed Name	
Payment Details		
Membership Fee \$	Payment Method:	
Total Amount Received \$	Date Paid://	