

INVERLEIGH GOLF CLUB & INVERLEIGH DISC GOLF APPLICATION FOR MEMBERSHIP FORM

Date of application: _____

(Mr, Mrs, Ms) (BLOCK LETTERS): _____

Address: _____

DOB: _____ Ph. No: Home _____ Mobile: _____

Email Address: _____

Golf Link No (if you already have one): _____

Transfer from another Golf Club: _____

I hereby apply for Membership. If accepted, I will abide by all those rules set down, from time to time, by the General Committee and uphold the Laws of the Incorporated Body's Constitution.

Membership Options: (Please tick the applicable box)

GOLF MEMBERSHIP

<input type="checkbox"/>	Inverleigh Golf Club Adult (includes disc golf playing rights)	\$250
<input type="checkbox"/>	Inverleigh Golf Club Junior (includes disc golf playing rights)	\$40
<input type="checkbox"/>	Inverleigh Golf Club Adult – Twilight (from 01 Sept to 28 Feb)	\$125*
<input type="checkbox"/>	Inverleigh Golf Club Junior – Twilight (from 01 Sept to 28 Feb)	\$20*
<input type="checkbox"/>	Social Adult Membership	\$10
<input type="checkbox"/>	Social Family Membership (incl. children up to 18 yrs)	\$25

DISC GOLF MEMBERSHIP

<input type="checkbox"/>	Inverleigh Disc Golf Adult	\$100
<input type="checkbox"/>	Inverleigh Disc Golf Junior (includes golf playing rights)	\$40
<input type="checkbox"/>	Inverleigh Disc Golf Family (2 adults + up to 2 juniors, \$20 per extra child)	\$180
<input type="checkbox"/>	Inverleigh Disc Golf Adult – Twilight (from 01 Sept to 28 Feb)	\$50*
<input type="checkbox"/>	Inverleigh Disc Golf Junior – Twilight (from 01 Sept to 28 Feb)	\$20*

The "Twilight" membership is a pro-rata membership price available from a certain set date.

Applicant's Signature: _____

Proposer's Name: _____ Proposer's Signature: _____

Seconder's Name: _____ Seconder's Signature: _____

Your applications will be referred to the General Committee at our next meeting and you will be notified promptly of the outcome. If accepted, we will advise payment details at this time

Date Acceptance (Committee use only): _____