INVERLEIGH GOLF & DISC GOLF CLUB APPLICATION FOR MEMBERSHIP FORM

Date of application:			
(Mr, Mrs, Ms) (BLOCK LETTE	RS):		
Address:			
DOB: Ph:	Home	_Mobile:	
Email Address:			
Golf Link No (if you already h	nave one):		
I hereby apply for Membersh time, by the General Commi Membership Options: (Ple		the Incorporated Body's	
GOLF MEMBERSHIP			
Inverleigh Golf Club Adult (includes disc golf playing rights) – from 01 March Inverleigh Golf Club Junior (includes disc golf playing rights – from 01 March Inverleigh Golf Club Adult – Twilight (from 01 Sept to 28 Feb) Inverleigh Golf Club Junior – Twilight (from 01 Sep to 28 Feb) Social Adult Membership Social Family Membership (incl. children up to 18 yrs)			\$250 \$ 40 \$125* \$ 20* \$ 10 \$ 25
DISC GOLF MEMBERSHI	P		
Inverleigh Disc Golf Adult – from 01 March Inverleigh Disc Golf Junior (includes golf playing rights) Inverleigh Disc Golf Family (2 adults + up to 2 juniors, \$20 extra child) Inverleigh Disc Golf Adult – Twilight (from 01 Sept to 28 Feb) Inverleigh Disc Golf Junior – Twilight (from 01 Sept to 28 Feb) The "Twilight" membership is a pro-rata membership price available from a certain set date.		\$125 \$ 40 \$220 \$ 62* \$ 20*	
Please credit payment to the follow Account Name: Inverlei BSB: 63300 Account Number: 10607 **Please include your na	gh Golf Club 0		
Your application will be referred promptly of the outcome.	d to the General Committee at o	our next meeting and you w	ill be notified
Applicant's Signature:			
Proposer's Name:	Proposer's Signa	ature:	
Seconder's Name:	Seconder's Sigr	Seconder's Signature:	