

# Loxton Golf Club Membership Application

The Secretary/Manager,  
Loxton Golf Club Inc.,  
P.O. Box 355  
LOXTON SA 5333

Date:        /        /20

Dear Sir,

I wish to become a \*.....member of the Loxton Golf Club Inc.  
I understand and agree that membership is subject to acceptance by the General  
Committee. Upon acceptance I agree to be bound by the Constitution and Rules of the  
Club.

The following particulars are correct.

Full Name:.....

Address:.....P/Code.....

Phone No: Business.....Home.....Mobile.....  
Email.....

Previous Golf Club (if any).....Previous Handicap.....

Date of Birth:..../..../.....(Juniors Only).

I enclose my subscription for the current season     \$.....

Full - \$700                      Full (husband & Wife) – \$1265  
Restricted - \$520              Pensioner - \$490  
Country - \$350                Summer - \$330  
Junior (full time student) - \$120  
Junior (working) - \$200  
Junior 1<sup>st</sup> child - \$115  
Junior 2<sup>nd</sup> child - \$85  
Non playing - \$60

(All Fees include GST and, unless otherwise agreed, all memberships are financial until the  
last day of the following February each year ).

Signature of Applicant.....

This application is proposed and seconded by the undersigned financial members.

Proposed by: (Print).....Seconded by: (Print).....

Signature.....

Signature.....

For Club use only: -

Subs. Receipt No. \_\_\_\_\_

General Committee Approved: \_\_\_\_\_

Membership Card, Programme, Rule Book. (Strike out those issued)