

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 1st child - \$115
Junior 2nd 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)