

LOXTON GOLF CLUB INC. – 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. I provide the following personal details:

Full name:

Postal Address:P/Code

Phone No: Business Home Mobile

Email:

Previous Golf Club (if any)Previous Handicap

Date of Birth:/...../..... Previous Golf Link Number

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

- | | |
|--------------------------------------|--|
| Full - \$730 | Restricted - \$545 |
| Full (Couple) - \$1360 | Restricted (6 mths) - \$385 (Winter Sports – 1/9-28/2) |
| Pensioner - \$530 | Summer - \$330 (No Golfink 1/11-28/2) |
| Country - \$370 | |
| Junior (Full-time student) - \$125 | |
| Junior (Working U21) - \$205 | |
| Junior 1 st Child - \$120 | |
| Junior 2 nd Child - \$95 | |
| Junior 3 rd Child - \$75 | |
| Non playing Social - \$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)