

LOXTON GOLF CLUB INC. – MEMBERSHIP APPLICATION **2024**

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

Date: / /20

Dear Sir/Madam

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:Post code.....

Residential Address:.....

Phone No: Mobile: Date of Birth:/...../.....

Email:

Have you previously been a member of Loxton Golf Club? YES / NO

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

Previous Golf Link Number Previous Handicap

I agree to pay the membership subscription of \$..... in full by 30 June, 2024 unless an alternative payment arrangement has been approved by Club Manager.

*MEMBERSHIP SUBSCRIPTIONS - 2024

Full Member -	\$800	Junior (Student)	\$135
Full Member – Pensioner -	\$590	Junior (Working)	\$225
Restricted -	\$610	Junior (Family Child 1)	\$130
Country -	\$410	Junior (Family Child 2)	\$105
Summer - (1/11/2024 to 28/2/2025)	\$365	Junior (Family Child 3)	\$85
Full Member – 6 months -(1/9/2024 – 28/2/2025)	\$460	Social	\$60

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

Signature of ApplicantDate.....

This application is proposed and seconded by the undersigned financial members of Loxton Golf Club:

Proposed by: (Print) Signature.....

Seconded by: (Print) Signature.....

For Club use only:-

General Committee Approved at meeting: / /

Member notified:..... Invoice sent.....