LOXTON GOLF CLUB INC. – MEMBERSHIP APPLICATION 2025

P.O. Box 355, LOXTON SA 5333		Date:	/ /20		
Dear Sir/Madam					
I wish to become a *	m	nember of the Lo	xton Golf Club Ir	nc.	
I understand and agree that membership is subject I agree to be bound by the Constitution and Rules o	•	-		•	
Full name:	: Occupation				
Postal Address:	Post code				
Residential Address:					
Phone No: Mobile:		Date of Bir	th:/	/	
Email: (please print clearly)					
Previous Golf Club (Loxton or another club?))			Sta	nte	
Previous Golf Link Number (if any)	Previous Handicap				
I agree to pay the membership subscription of \$ date, unless a mutually acceptable alternative pay				• •	
*MEMBERSHIP SUBSCRIPTIONS - 2025					
Full Member -	\$800	Junior (Full 1	time student)	\$135	
Full Member – Pensioner -	\$600	FULL TIME S		\$135	
Restricted -	\$650	Junior (Worl	<u>.</u>	\$230	
Country -	\$420	Junior (Fam	•	\$130	
Full Member – 6 months -(1/9/2025 – 28/2/2026)	\$500 \$ 50	Junior (Fam	•	\$100	
Social Member	\$ 50 \$200*	Junior (Fam	•	\$ 80	
New to golf - year \$300* New to golf – 2 months \$85* *No Golf Link number and not able to enter competitions, not to have been a member of any club prior.					
All fees include GST and, unless otherwise agreed, all p February each year. Golf link registration will be remove Juniors – Emergency contact person and phone nu	ed from all mer	nberships not paic	l by due date.	-	
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Signature of Applicant					
This application is proposed and seconded by the u	ındersigned f	inancial full men	nbers of Loxton (Golf Club:	
Proposed by: (Print)	Si	gnature			
Seconded by: (Print)					
For Club use only:-	 / /				

Member notified:

Invoiced:Paid: