MEMBERSHIP APPLICATION FORM

Membership Category: ..... (Full, Six Day, etc)
Title: .....
Last Name: .....
First Name: ..... Known As: .....
D.O.B: .....

Nominated: ..... Left/Right Handed: .....

Residential Address: .....
.....Postcode: .....

Postal Address: .....
..... Postcode: .....

Contact Numbers
Home: ..... Work: .....
Fax: ..... Mobile: .....
Email: .....

Occupation: ..... Employer: .....

Prior Club: ..... Previous Golf Link No: .....
Previous Handicap: .....

Emergency Contact: .....
Relationship: .....
Contact Number: .....

Payment Options: Full Monthly Debit
(please circle appropriate option)

If accepted I hereby consent to abide by the rules of the club as per the current Constitution, Policy Manual and By-Laws. A copy of the current Constitution is available.
Upon acceptance as a member I also agree to the Claremont Golf Club Credit Policy agreement as follows:

- *Interest will be added if my account becomes in arrears*
- *If passed for collection, Collection Fees as Applicable will be added to my account*
- *Non-payment may result in publication*

SIGNED: ..... DATE: .....

Office Use Only

Membership No Issued		Payment with Application	
Subscription		Receipt No	
TGC/WGT Levy		Entered into Database	
Nomination Fee		Invoiced	
Other +/-		Handicap	
Total		Membership Pack	