

# GERALDTON GOLF CLUB MEMBERSHIP APPLICATION FORM

Membership Year from 1<sup>st</sup> March to last day of February

I wish to apply for the following Membership category:

Membership Category	Cost (inc GST)	Please Tick	Membership Additions	Cost (inc GST)	Please Tick
FULL MEMBER	\$1415		GOLF CART STORAGE	\$430	
SENIOR MEMBER (Pension Card or DVA)	\$1132		GOLF ELECTRIC BUGGY STORAGE	\$187	
TRANSITIONAL MEMBER (18 -23 years of age)	\$708		GOLF CART PUSH BUGGY STORAGE	\$120	
TRANSITIONAL MEMBER (24 – 44 years of age)	\$1132		CLUB LOCKER	\$25	
LIFESTYLE MEMBER	\$395		INSURANCE	\$18	✓
LIFESTYLE SENIOR MEMBER (Pension card)	\$316		GOLF LEVY	\$60	✓
JUNIOR MEMBER (Under 18 years of age)	\$120		SEASONAL MEMBERSHIP WINTER (1 MARCH - 31 AUGUST)	AVAILABLE ON REQUEST	
JUNIOR COMP MEMBER (Under 18 years of age)	\$354		SEASONAL MEMBERSHIP SUMMER (1 SEPTEMBER – LAST DAY OF FEBRUARY)	AVAILABLE ON REQUEST	
SOCIAL MEMBER	\$20				

<b>FULL NAME</b>	
<b>DATE OF BIRTH</b>	
<b>STREET ADDRESS</b>	
<b>SUBURB AND POSTCODE</b>	
<b>EMAIL</b>	
<b>MOBILE</b>	
<b>OCCUPATION</b>	
<b>GENDER</b>	
<b>EMERGENCY CONTACT NAME</b>	
<b>EMERGENCY CONTACT MOBILE</b>	

## GOLFING BACKGROUND:

Have you ever been a member of a golf club before?

Yes ☐ No ☐

If you answered "Yes" to above, please complete:

\_\_\_\_\_  
Name of your last club or current Club and GOLFLINK

\_\_\_\_\_  
Year

\_\_\_\_\_  
Last H/Cap

Why did you choose to join the Geraldton Golf Club?

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## TERMS AND CONDITIONS (Please Tick)

- ☐ I agree to abide by the Constitution and By-Laws of the Geraldton Golf Club.
- ☐ I understand that my membership is a commitment to the Club for the term of the membership.
- ☐ I agree to pay all fees on application and understand that these fees are non-refundable.
- ☐ I have read and agreed to the Terms and Conditions of the selected membership class.
- ☐ I wish for my email address to be used as my address in the Club Members Register.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Proposer's Name \_\_\_\_\_ Signature \_\_\_\_\_

Seconder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Office Use Only	
GOLF LEVY FEE	
INSURANCE FEE	
MEMBERSHIP FEE	
MEMBERSHIP ADDITIONS	
TOTAL PAID	
PAYMENT METHOD	
RECEIPT NUMBER	
MEMBER NUMBER	
GOLFLINK NUMBER	
ADDITONAL NOTES	