



DENILIQVIN GOLF CLUB

Ph: 03 5881 1325

Email: denigolf@bigpond.net.au

web: www.denigolfclub.com.au

APPLICATION FOR MEMBERSHIP

I wish to join the Deniliquin Golf Club Ltd and hereby apply to be admitted as a member thereof, and agree to be subject to the Rules, regulations and Constitution of the Club.

Please note all fields are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement for all Members.

(Mr / Mrs / Ms / Miss / Mast / Dr / Other)

First Name Middle Initial Surname

Home Address

Suburb Postcode

Postal Address.....

Suburb Postcode

Phone: **Home**..... **Mobile**.....

E-Mail..... **Occupation**

Date of Birth __ / __ / ____

If you were a member of another Club do you want Deniliquin to become your home club? YES / NO

Previous/Current Golf Club. _____

Golflink No......

Signature.....

Date __ / __ / ____

Please **circle** the required membership:

| | | | |
|-----------------------------|----------|----------------------------------|----------|
| Full Playing Member | \$680.00 | Restricted Full Member – over 80 | \$430.00 |
| Beginner /Recreation Member | \$450.00 | Sporting Affiliate Member | \$430.00 |
| Country & Interstate Member | \$350.00 | Cadet Member (18-21 years) | \$220.00 |
| Social Member | \$25.00 | Junior Member (under 18 years) | \$60.00 |

All playing memberships include affiliation fees.

****You or your child may be photographed at club events including training, matches, or social event. Care will be taken to not identify children by both first and last names. If you do not wish for your child's image to be published, please let the committee know in writing.**

Fees can be paid with Cash / Cheque / Credit Card / **Monthly Direct debit is available**

Direct Debit. BSB 082572 Acc 813549252 Reference your name please

OFFICE USE ONLY

Received __ / __ / ____

Approved __ / __ / ____

Entered