

APPLICATION FORM

I WISH TO JOIN THE DENILIQVIN GOLF CLUB LTD AND
AGREE TO FOLLOW ITS RULES AND REGULATIONS.
COMPLETING ALL FIELDS IS ESSENTIAL FOR ASSESSING
MEMBERSHIP AND ADDRESSING YOUR NEEDS.

MEMBERS DETAILS

MR / MRS / MS / MISS / MAST / DR

FULL NAME

MOBILE NUMBER

DATE OF BIRTH

EMAIL ADDRESS

RESIDENTIAL ADDRESS

DO YOU HOLD A MEMBERSHIP AT ANOTHER GOLF CLUB?
YES / NO

MEMBERSHIP TYPE

☐

FULL

☐

JUNIOR

☐

BEGINNER

☐

CADET

☐

RECREATIONAL

☐

SPORTING
AFFILIATE

☐

COUNTRY &
INTERSTATE

☐

RESTRICTED
80+

CONTACT US

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GOLF MEMBERSHIP
INFORMATION
& APPLICATION

