

Remembrance Drive
PO Box 1449 Griffith, NSW 2680

Phone > 02 69623173 Fax > 02 69645790

E-mail > grifgolf@bigpond.net.au

Internet > www.griffithgolfclub.com



APPLICATION FOR SIX MEMBER MEMBERSHIP

OCTOBER TO MARCH ONLY

Name: (Mr/Mrs/Miss/Ms) _____

Residential Address _____

Postal Address _____

E-Mail Address _____

Phone: Home _____ Work _____ Mobile _____ Fax _____

Date of Birth ___/___/___ Occupation _____ Employer _____

Introductory Members plays Golf (right of left handed) _____

Emergency Family Contact: Name _____ Contact Phone No _____

Emergency Contact Relationship (i.e. Husband/Wife/Father/Mother etc): _____

NEW MEMBERSHIP PRICE (Inc GST)

	Category	Club Fee	Affiliation Fee	Golf Link	Total
[]	New Male Member	\$120			\$120
[]	New Lady Member	\$120			\$120

Signature of Applicant _____ Date ___/___/___

Do you wish to receive information about our promotions and services? Yes [] No []

Do you wish to receive the Annual Financial Report of the Club? Yes [] No []

Nomination,

We, the undersigned members of the Griffith Golf Club, respectively nominate and second the application for membership.

Nominator _____

Print Name

Sign

Secunder _____

Print Name

Sign

Sunday, 16 September 2018

Griffith Golf Club Co-operative Society Ltd. ABN 93 423 499 875
Secretary/Manager > Wayne Moat President > Robin Salvestro

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PAYMENTS CAN BE MADE IN THE FOLLOWING WAYS

Monthly Payments [] Cash [] Cheque [] Credit Card []

Monthly payments are paid monthly by instalments through Direct Debit from your nominated bank account or Credit Card. Fees apply for using this method of payments.

Monthly Direct Debits forms are attached.

PLEASE COMPLETE FOR CREDIT CARD PAYMENT

Name of Card Holder _____

CARD NO. |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_|

VISA [] MASTERCARD [] EXPIRY DATE __/__/__ AMOUNT \$ _____

SIGNATURE _____

NOT VALID UNLESS SIGNED BY CARDHOLDER