## Remembrance Drive PO Box 1449 Griffith, NSW 2680

Phone > 02 69623173 E-mail > wayne@griffithgolfclub.com.au Internet > www.griffithgolfclub.com



## APPLICATION FOR SIX MONTHS MEMBERSHIP OCTOBER TO MARCH ONLY

Name: (Mr/Mrs/Miss/Ms)				
Residential Address				
Postal Address				
E-Mail Address				
Phone: Mobile				
Date of Birth//	Occupation		_ Employer	
Introductory Members plays G	iolf (right of left handed)			
Emergency Family Contact:	Name	Conta	ct Phone No	
Emergency Contact Relations	hip (i.e. Husband/Wife/Fatl	ner/Mother etc):		
	NEW MEMBERSI	HIP PRICE (Inc GST)		
Category	Club Fee	Affiliation Fee	Golf Link	Total
[ ] New Male Member	\$160			\$160
[ ] New Lady Member	\$160			\$160
Signature of Applicant			Date/_	
Annual Financial Report of the	e Club is available on the C	Griffith Golf Club V	Vebsite.	
Nomination,				
We, the undersigned members of	of the Griffith Golf Club, resp	ectively nominate a	and second the	application for membership.
Nominator				
	Print Name		Sign	
Seconder				
	Print Name		Sign	

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PAYMENTS CAN BE MADE IN THE FOLLOWING WAYS				
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				

**NOT VALID UNLESS SIGNED BY CARDHOLDER**