

DORRIGO GOLF CLUB LTD.

APPLICATION FOR MEMBERSHIP

Please submit to the Dorrigo Golf Club Secretary at PO Box 199 Dorrigo 2453

Date: _____
DD/MM/YYYY

Annual Membership Type Being Applied For: (part year will be prorated from 1st of month following application receipt date thru to 31 December.)

Monies can be paid at the Clubhouse or by direct deposit into "Dorrigo Golf Club Ltd" BSB 082 842 Account 157915479 Reference: Applicant's Name

	Annual Fee (incl. GST)	Membership Type	Please Tick One
a.	\$460	Unlimited Membership (unlimited golf - no social green fees)	<input type="checkbox"/>
b.	\$260	Limited Membership (competition days - \$11 social green fees)	<input type="checkbox"/>
c.	\$130	Restricted Membership (no GA Hcp - \$11 social green fees)	<input type="checkbox"/>
d.*	\$55	Junior - 12-18 yrs incl. (Conditions Apply)	<input type="checkbox"/>
e.*	\$6	Junior < 12 yrs. (Conditions Apply)	<input type="checkbox"/>
* Parental/Guardian consent required			
f.	\$12	Social Membership (Drinks at Golf Member pricing/no voting rights)	<input type="checkbox"/>

APPLICANT DETAILS: *Note: Name and contact details may be published at the Club's sole discretion.*

First Name: _____ Surname: _____

Date of Birth: _____
DD/MM/YYYY

Home Address: _____

Postal Address: _____
(If same as Home, write "As Above")

Email Address: _____

Mobile No.: _____ Landline No. _____

Signed by Applicant: _____

Nominated By: _____ Please PRINT Member No.: _____

Seconded By: _____ Please PRINT Member No.: _____

Office Use Only:	Application Received:	_____	Golfink No.	_____
	Application Approved:	_____		
	Application Denied:	_____	Member No.	_____
		DD/MM/YYYY		