

# 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 (incls. GST)	Membership Type	Please Tick One
a.	\$480	Unlimited Membership (unlimited golf - no social green fees)	<input type="checkbox"/>
b.	\$270	Limited Membership (competition days - \$11 social green fees)	<input type="checkbox"/>
c.	\$140	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:	_____	Golflink No.	_____
	Application Approved:	_____		
	Application Denied:	_____	Member No.	_____
		DD/MM/YYYY		