



Strathalbyn Golf Club Inc

MEMBERSHIP APPLICATION

Surname: Mr./Mrs./Miss./MS

Christian Names: D.O.B:

Residential Address.....

Suburb: Postcode:

Postal Address (if different):

Suburb: Postcode:

Home Phone no: Mobile no:

Email Address:

Preferred method of Correspondence: Email or Post

Emergency Contact Name: Emergency Phone no:

Membership Type: Annual Subscription \$.....

I hereby apply for membership as marked above, at the Strathalbyn Golf Club. I agree to abide to the rules and constitution of the club.

Signature: Date:

Strathalbyn Golf will abide by the privacy act and your details will be used for golfing purposes only.

Membership Categories: 7 day \$300 – (New/Returning) \$220 – Weekday \$230- Veteran (over 65) \$265 –

Student Uni/Tafe \$165 – Junior (under 18) \$50– Social \$30.

Cart Storage: \$200 All carts stored at the club are stored at owners' risk

EFT Details – Bank SA- BSB-105-019 Account no# - 038071640

Return Mail Address: PO Box 303 Strathalbyn 5255

Office use only

Payment received: \$..... Payment Date: Received by:

Golf link no: