



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 \$350 – 6 Day \$300 - Veteran (over 65) \$300 –

Student Uni/Tafe \$200 – 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: