 Strathalbyn Golf Club Inc 

MEMBERSHIP APPLICATION – 2024/25

 Surname: ............................................................................. Mr / Mrs / Miss / Ms

 Christian Names: ……………………………………………………………… D.O.B: ……/……/…...

 Residential Address…………………………………………………………………………………………………………….

 Suburb: ……………………………………………………………...... Postcode: ………………………………….

 Golf Link Number……………………………………

 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 for the period 1st April 2024 – 31st March 2025 to be paid by 30th April 2024.**

Membership Categories: 7 day $450 – 6 Day $400 - Veteran (over 65) $400 –

 Student Uni/Tafe $285 – Junior (under 18) $80– Social $40.

 Cart Storage: $220 - All carts stored at the club are stored at owners’ risk.

**PREFERRED PAYMENT METHOD : EFT Details – Bank SA- BSB-105-019 Account no# - 038071640**

**Return Mail Address: PO Box 303 Strathalbyn 5255**

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| **Office use only**Payment received: $.................... Payment Date: …………………………. Received by: ………………………… Golf link no: ……………………………….  |