



14 Crooked River Road, Gerringong, NSW 2534
ABN 19 148 516 413

Email: info@gerringonggolf.com.au Website: www.gerringonggolf.com.au

APPLICATION FOR MEMBERSHIP.

I hereby apply for membership to the Gerringong Golf Club Inc. and agree to pay the applicable fees.

General Details:

Membership Details:

Title:..... FirstName.....

Middle Name:

Last Name:

Preferred First Name.....

Date of Birth: / / Gender:

Email Address:

Address Line 1:

Address Line 2:

Suburb:

Post Code: State.....

Telephone: Home:

Mobile:

Occupation:

Membership Category – please select 1:

- Adult Full member
- Intermediate (Aged 22 -25):
- Junior (Aged 18-21)
- Sub-Junior (under 18 years of age)

Golflink Details:

Current or previous Golflink Number:

.....

I nominate my home club as:

.....

Signature of Applicant:

Nominator Name:

Seconder Name:

Nominator Signature:

Seconder Signature:

Applicable Membership Fee: **Paid by:** card or direct deposit **Date:**...../...../.....

Bank Details: BSB 062 562 **Account Number:** 1031 1105.

Office Use Only: Meeting Date..... / / **Receipt Number:**

Membership Number:

Gerringong Golflink Number: