APPLICATION FORM

Free MEMBERSHIP

City Golf Club respects your privacy. The Club will only use your contact information for internal Club communications and will not distribute your details to any third parties. You can unsubscribe from these communications at any time.

5 Year Social Membership: *Mandatory Fields

TITLE: _____

* FIRST NAME: _____

*LAST NAME: _____

*DATE OF BIRTH: _____

*EMAIL: _____

*PHONE: _____

*RESIDENTIAL ADDRESS: _____

_____ *POSTCODE: _____

SUBURB/TOWN _____

NO PO BOX ALLOWED

☐ I confirm that I am over 18 years of age and agree to abide by the Constitution, By-Laws and all other rules of the Club. All information above is true and correct and I have read and understood the terms and conditions available at Reception.

☐ I don't want any information about member discounts, loyalty promotions or birthday rewards.

*MANDATORY FIELDS MUST BE FILLED OUT OR MEMBERSHIP MAY BE RENDERED INVALID

APPLICANTS SIGNATURE: _____

DATE: _____

MEMBER NUMBER: _____

FILL IN YOUR FORM AND BRING IT TO THE CITY GOLF CLUB RECEPTION WITH ID TO JOIN

CITY GOLF CLUB