



Cowra Golf Club Ltd  
PO Box 62 COWRA NSW 2794  
Phone: 02 6342 2299 Fax: 02 6342 3881  
cowragolfclub@bigpond.com

## APPLICATION FOR MEMBERSHIP 2021-2022

I wish to join the Cowra Golf Club Ltd and hereby apply to be admitted as a member thereof and agree to be subject to the Rules and Regulations of the Club. The Committee reserves the right to refuse any application for membership in their absolute discretion without giving any reason(s).

Signature ..... Date .....

Please note that all field are important and will ensure we are able to better assess the make-up of our membership and effectively target your needs. The 'date of birth' is a requirement of all Members. A copy of the Club's Privacy Policy is available on request from the office.

### **PLEASE PRINT CLEARLY**

(Mr / Mrs / Ms / Miss / Mast / Dr / Other) .....

First Name ..... Known As .....

Surname ..... Middle Name .....

Home Address .....

Suburb ..... Postcode .....

Postal Address .....

Suburb ..... Postcode .....

Telephone: Home ..... Business .....

Mobile ..... Fax .....

Email .....

Left/Right Handed ..... Date of Birth ..... / ..... / .....

Previous Golf Club ..... Previous Handicap .....

Previous Golflink Number ..... Will we be your Home Club .....

Proposed ..... Seconded .....

### **Emergency Family Contact Information**

Name (Please print First and Surname) .....

Relationship (Wife, Son, Friend, Etc.) .....

Phone Number (For Emergency Contact) .....

# Membership Applying For

- |                          |                          |       |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | Full Playing Member      | \$650 |
| <input type="checkbox"/> | Full Playing Pensioner   | \$560 |
| <input type="checkbox"/> | Intermediate Membership  | \$330 |
| <input type="checkbox"/> | Junior Membership        | \$55  |
| <input type="checkbox"/> | Sportsman Membership     | \$315 |
| <input type="checkbox"/> | 6 Day Membership         | \$495 |
| <input type="checkbox"/> | Pay As You Go            | \$315 |
| <input type="checkbox"/> | City Membership          | \$199 |
| <input type="checkbox"/> | Social Membership        | \$15  |
| <input type="checkbox"/> | 3 Month Trial Membership | \$99  |

Please select payment Frequency

- Annual       Monthly

## Payment Method

Cheque \$ ..... Cash \$ .....

**Electronic Funds Transfer** – WESTPAC BSB 032 820 Account 282580

Please include your name in transfer Description

### **Credit Card**

Credit Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Name .....

Exp Date ..... / ..... / .....

CCV (3 digit code on back of card) \_ \_ \_

Signed ..... Date .....

### OFFICE USE ONLY

Posted to Slice Membership Number Issued .....

Receipt Number ..... Date of Meeting Approved .....

Date Received ..... Date Letter/Account Sent .....