

# Application for Membership 2019/2020

CASINO GOLF CLUB LTD

Instituted 1905 | ABN 63 000 471 803  
West Street | PO Box 106 | Casino NSW 2470

Name Title  First  (Preferred)  Last

Address

Phone Mobile  Home  Work

DOB    Email

Occupation  Employer

Emergency Contact Name  Mobile

Nominating Member (if any)

Seconder Member (if any)

Social  1 Year Social (\$5)  5 Year Social (\$20) Total Payable

**GOLFERS ONLY** Golf (Annual fees)  Full Golf Playing (\$410)  Social Golfer (\$80)  Intermediate Golf 18-27yrs (\$205)

Junior (\$50)  Corporate Partner - (Gold \$2500 / Silver \$2000 / Bronze \$1500)

Golf options  Golf cart shed & course access (\$450)  Golf cart course access only (\$100)

Locker Hire (\$100)

Are you a current / previous member of any other golf club

Club Name  Golf Link Number

Is Casino Golf Club to be your home club Yes  No

Have you ever been refused, suspended or expelled from any registered clubs (provide details)

( if yes please provide details)

## DECLARATION OF APPLICANT

I, the undersigned, make this application for the above nominated class of Membership and acknowledge that the Club may, at its sole discretion refrain from or refuse to accept the application without assigning any reason for their decision. If accepted, I undertake to abide by the Terms and Conditions, Club Rules and any By-Laws for the time being in force. I acknowledge that my details may be used for marketing purposes and may be passed on to 3rd party organisations relating to the club and affiliations it has in place.

Applicant Signature  Date

Office use only	Number allocated	ID Checked	Payment Received / Method
		Date Processed	Card Printed
		Signature	Entered in Flexinet