

MEMBERSHIP FORM

Section 1 (please circle one) New member or renewal
 If renewing and your details are the same as before go to **section 5**.
IF NOT please write in changes below. Thank you

Section 2- Personal details

Please circle: Mr / Mrs / Miss / Ms Name: (First)

Surname:

Address:

Suburb: Post Code:

Phone: (Home) (Work)

(Mobile) Date of Birth: - -

Email:

Occupation:

Next of Kin: (Name) Phone:

Section 3 - Handicap Details

Do you wish to play competitions? Yes or No

Do you hold a current AGU Handicap? Yes or No

If Yes, What is you AGU Handicap? .

Do you wish to use GCCC as your home club? Yes or No

If No, Which Golf Club is it held with?

If Yes, What is your Golfink number?

Section 4 - Survey

Why did you become a member? Radio TV Newspaper Sign Brochure Friend

How old are your Golf Clubs? 0-5 yr 6-10 yr 11-15 yr 16-20 yr 21+ yr

Section 5 - Authority Current Membership Number Name: _____

I hereby agree and am bound to the conditions of the back of this form.

Signature: _____ Date: _____ Driver's Licence No: _____

Pro Shop Staff ONLY

Membership Type: (Please circle) Junior - H&W - Full - Midweek - Veteran - Corporate - Renewal. **OTHER** _____

Payment Type: (Please Circle) Cash- Visa - M/C - Eftpos - **Ezypay \$19.95, \$59, \$115** _____

Amount Paid: \$.

Membership No. Expiry Date: - -

Membership sold by staff member:

Book POS Letter E-mail Tee Sheet Newsletter
 Database Members Card Ezypay \$19.95 card Calendar

Entered by: _____ Date: _____