

CRAIGIEBURN GOLF COURSE MEMBERSHIP



APPLICATION FORM

MEMBERSHIP TYPE: (Please select the membership type you are applying for)

Pensioner Course 7 Days \$650:

☐

Golf Course 7 Days \$750:

☐

Sporty Social Pass \$499

☐

Pensioner Course 5 Days \$550:

☐

Golf Course 5 Days \$650:

☐

CWGC \$130 (Pay to play):

☐

Junior Course \$200:
(21 & under)

☐

APPLICANT DETAILS:

Title:

First Name:

Surname:

Gender:

Date Of Birth:

☐

Male

☐

Female

Address:

Suburb:

State:

Postcode:

Home Phone:

Mobile:

JUNIOR MEMBERSHIP (If you are applying for a junior membership, please complete the following details)

Parent/ Guardian Name:

Mobile:

Email:

School or Educational Institution attending:

Year Level:

Date Of Birth:

PLEASE RETURN COMPLETED APPLICATION FORM TO RECEPTION

GOLF HISTORY

Do you have an official GA handicap? ☐ Yes* ☐ No

*If yes, what is your golf link number:

MEMBERSHIP ACKNOWLEDGEMENT

FULL MEMBERSHIP YEAR FINANCIAL COMMITMENT AND TERMS AND CONDITIONS OF MEMBERSHIP

Upon receipt of your application for membership, you will be on a probationary period of one month. After this period, your application may be accepted or declined following our review process.

By signing this membership application form, you commit to a financial obligation for the entire membership year at the Craigieburn Golf Club. If you choose to cancel or suspend your membership, or if you default on your subscription fee payments before the end of your membership year, you will be responsible for any outstanding payments and installments, as well as an early termination fee determined by the Craigieburn Golf Club.

By signing this application, you are applying for membership at the Craigieburn Golf Club. If accepted, you agree to abide by the club's constitution, the terms and conditions of membership, policies regarding personal equipment and storage, and any by-laws (including syllabuses and relevant documents) established by the Club's Board, which may be updated from time to time. You acknowledge that you have read and understand these documents and agree to be bound by them.

First Name:

Surname:

OFFICE USE ONLY:

Date:

Member No:

Receipt No:

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