



MEMBERSHIP APPLICATION FORM

Theresa Street, Emerald Qld 4720

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<http://www.emeraldgolfclub.com>

PERSONAL DETAILS:			
SURNAME:	FIRST NAME:		
PREFERRED NAME:	MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/>		
PARTNER'S SURNAME:	PARTNER'S FIRST NAME:		
PREFERRED NAME:	MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/> MISS <input type="checkbox"/>		
(For complimentary Social Membership)			
ADDRESS:	POST CODE:		
EMAIL:	DOB:		
PHONE:	MOBILE:		
OCCUPATION:			
Please tick if you do not wish to receive the weekly "What's Happening" newsletters <input type="checkbox"/>			
FOR JUNIOR MEMBERS ONLY:			
PARENT'S NAME:	DOB:		
PARENT'S NAME:	DOB:		
(For complimentary Social Membership)			
PREVIOUS PLAYING DETAILS:			
Have you been a member of another Golf Club? If yes, is your membership current.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Would you like to make Emerald Golf Club your home club?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
What is your current Golf Link No.:			
MEMBERSHIP CATEGORY:			
<input type="checkbox"/> FULL MEMBERSHIP \$655.00	<input type="checkbox"/> JUNIOR MEMBERSHIP \$105.00		
<input type="checkbox"/> FULL MEMBERSHIP (EZYPAY)** \$700.35	<input type="checkbox"/> 18 HOLE JUNIOR \$155.00		
<input type="checkbox"/> PRO RATA MEMBERSHIP from 1 st June POA	<input type="checkbox"/> JUNIOR IN A SENIOR COMP \$345.00		
** includes Admin fees, approximately \$58 p/m	<input type="checkbox"/> SOCIAL MEMBERSHIP \$5.00		
DECLARATION:			
I certify that the above information is true and correct and I acknowledge that the Committee and/or Club may at their sole and absolute discretion refrain from or refuse to elect me to the Membership without assigning any reason therefore. If elected, I undertake to abide by the Rules and By-Laws of the Emerald Golf Club.			
SIGNED:	DATED:		
MEMBER NOMINATING:	SIGNED:		
MEMBER SECONDING:	SIGNED:		
OFFICE USE:			
Membership No.:	Application Date:		
Receipt No.:	Bag Tag Provided:		
Process By:	Referred by Pro-Shop:		
<input type="checkbox"/> Committee Approved	<input type="checkbox"/> Database Updated	<input type="checkbox"/> Card Issued	<input type="checkbox"/> Letter Sent