



# Membership Application Form

P.O. Box 449,  
Red Cliffs 3496  
Phone: 03 50241531  
Fax: 03 50241449  
Email: redcgolf@bigpond.net.au

<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>ADDRESS</b>			
<b>TELEPHONE</b>		<b>MOBILE</b>	
<b>EMAIL</b>			
<b>OCCUPATION</b>		<b>DATE of BIRTH</b>	
<b>EMERGENCY CONTACT</b>	NAME: _____ (Juniors to give parent details) PHONE NUMBER: _____		

*I wish to become a member of the Red Cliffs Golf Club Inc. In the event of my admission to the club, I agree to be bound by the rules, bylaws and regulations of the club for the term of my membership. Signing indicates that you agree:*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Have you been a member of a registered golf club previously? \_\_\_\_\_

Yes

No

Do you wish Red Cliffs Golf Club to be your home club? \_\_\_\_\_

Yes

No

Enter current Golf Link number, or write NONE \_\_\_\_\_

TICK	CATEGORY	FEE	
	<b>Full Member</b>	\$450	
	<b>Social Playing Member</b>	\$330	
	<b>Country Member</b>	\$280	Must reside more than 80km from the clubhouse
	<b>Senior Member</b>	\$350	Full rights – over 75 years of age
	<b>Junior member</b>	\$70	Under 18 years of age
	<b>Student Member</b>	\$75	18 – 25 and a full time student, trainee or apprentice Name of education/training institution: Name of course/training program:
	<b>Intermediate Member</b>	\$325	Over 18, no green fees payable, 4 competitions during the year
	<b>Social Member</b>	\$20	Over 18, no competition rights and must pay green fees
	<b>Summer Member</b>	\$235	Oct 1 – Feb 28
	<b>Temporary Member</b>	POA	Over 18, residing within 80km for any period less than 12 months
	<b>Payment by instalments</b>	X4	Instalment dates are Nov 30, Feb 28, May 31 and Aug 31 only.
	<b>Tiger cub</b>	\$0	Free membership for son or daughter (under 16 years of age) of a current financial member. No competition rights.

Proposed by: ..... (proposer to enter his/her name)

As a member of the Red Cliffs Golf Club Inc. I nominate the applicant, who is personally known to me, for membership of the Red Cliffs Golf Club Inc.

Signed: ..... Date: .....

Seconded by: ..... (seconder to enter his/her name)

As a member of the Red Cliffs Golf Club Inc. I nominate the applicant, who is personally known to me, for membership of the Red Cliffs Golf Club Inc.

Signed: ..... Date: .....

**PAYMENT OPTIONS:**

- Payment in person – cash, cheque or card
- Payment by post to PO Box 449, Red Cliffs 3496
- Direct Debit

Direct debit to Red Cliffs Golf Club  
BSB 033-249  
Acc No. 771629  
Ref field – name or invoice no.

**OFFICE USE ONLY:**

APPLICATION HAS BEEN:	ACCEPTED	REJECTED
<b>FEE PAID</b>	\$ _____	<b>BAG TAG ISSUED</b>
<b>DATE PAID</b>		<b>RECEIPT</b>
<b>PAYMENT METHOD</b>		<b>ENTERED INTO SYSTEM</b>