**GERRINGONG GOLF CLUB INC.**



**14 Crooked River Road, Gerringong. NSW 2534**

**ABN 19 148 516 413**

**Email:** [**info@gerringonggolf.com.au**](mailto:info@gerringonggolf.com.au) **Website:** [**www.gerringonggolf.com.au**](http://www.gerringonggolf.com.au)

**APPLICATION FOR MEMBERSHIP.**

**I hereby apply for membership to the Gerringong Golf Club Inc. and agree to pay the applicable fees.**

**General Details: Membership Details:**

**Membership Category – please select 1:**

* Adult Full member
* Senior student (over 21):

Student ID Number: …………

Please attach proof of concession

* Junior (Aged 18-21)
* Sub-Junior (under 18 years of age)

**Golflink Details:**

Current or previous Golflink Number:

……………………………………….

I nominate my home club as:

………………………………………..

Title:……. FirstName…………………………….........

Middle Name: ……………….……………..…………..

Last Name: …………………..……………………….…

Preferred First Name…………………………………….

Date of Birth: ……. / …… / ……. Gender: ……….…

Email Address: …………………..……..……….……...

Address Line 1: ……………………..…….……………

Address Line 2: ………………….………..………….…

Suburb: ……………………………………………...…..

Post Code: ………………. State……………

Telephone: Home: ………………………..……….……

Mobile: …………………………………………………

Occupation: ………………………………………….

**Applicable Membership Fee: ……………… Paid By: …………………**

**Bank Details: BSB 062 562 Account Number: 1031 1105.**

**Reference: ………………………..…mship ( Please insert surname followed by mship)**

**Signature of Applicant:** ………………………………………………………………………….

Nominator Name: ……………………………. Seconder Name: ……………………………

Nominator Signature: ………….…………… Seconder Signature: …………………………

**Office Use Only: Meeting Date……. / ……. / …….. Receipt Number: ………………….**

**Membership Number: …….…. Gerringong Golflink Number: ……………………………**