

MEMBERSHIP APPLICATION

Name: Mr/ Mrs/ Ms _____

Address: _____

Postcode: _____ Ph: _____ Mob: _____

Email: _____

Occupation: _____ Birth date: _____

Membership Category Preferred (Please circle)

Full	6 Day	5 Day	Intermediate (18-20)
Intermediate (21-24)	Junior (12-17)	Sub Junior (8-11)	
Social	Social Playing		

Optional extras (ask administration for details on the following)

Locker / Bag Storage / Battery Hire / Golf Cart Annual Hire

Have you been a member of a golf club? Yes / No

Club Name: _____ Golflink number: _____

Would you like your handicap to be based at Sunshine? Yes / No

Proposed by: _____

Seconded by: _____

OFFICE USE

Joining Fee: _____ Paid on: _____ Receipt no: _____

Yearly fee: _____ Paid on: _____ Receipt no: _____

Syllabus: __yes__ Member Magic: ____ yes ____

Payment options: full / pro rata / monthly ezipay / monthly credit card

Sunshine Golf Club
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