KAPUNDA GOLF CLUB Inc.



P.O. BOX 8 KAPUNDA SA 5373

Phone: 8566 2711

MEMBERSHIP APPLICATION FORM

IMPORTANT: PLEASE FILL IN ALL FIELDS BELOW PRINT CLEARLY AND EMAIL YOUR FORM TO: haywardmr@live.com.au

l,		(F	[:] ull Name)
Address:	Suburb:	Postcode:	
Telephone: H: M: M:	E:		
Date of Birth: (required for golf handicap):	Preferred First	Name:	
Previous or current Golf Club membership:	C	Current GA Handicap:	
Golf Link Number:	Do you wish to make Ka	apunda your home club?	Yes / No
Wish to apply for membership of the Kapunda Gol	If Club in the category indi	cated below <u>(please circle</u>	<u>.)</u>
Full Membership: \$395 pa; with full voting rig	ghts and 7-day per week pl	aying rights	
<u>Six-Day Membership</u> : \$320 pa; full voting righ	nts, cannot play on Saturda	y unless green fees paid	
Winter Membership: \$290 pa; no voting right	ts, 7-day per week playing	rights April – November (8	months)
Summer Membership: \$290 pa; no voting rigi	hts, 7-day per week playin	g rights September - April ((8 months)
Junior: \$80 pa; Under 18 years, no voting righ	nts, 7-day per week playing	rights	
Scrapes Membership: \$160 pa; no voting right	ts, 7-day per week playing	rights November - March	(5 months)
(This membership is only available to current	t members of a scrapes co	urse who have a golf link n	umber)
The Club's membership year runs from 1 available during the year - please email the	-		es are
By joining I agree to abide by and shall observe Go All applications for membership are s	olf Australia's Member Pro	otection Policy.	ittee.
Signature:	Dat	e:	
Nominated by:	Sec	onded:	

Subscriptions can be paid by EFTPOS, or in cash, or by cheque over the bar or sent to the Club Treasurer at PO Box 8; Kapunda SA 5373 or paid by Direct Credit to our bank – BSB 085-599 a/c no. 55-262-4858