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: kapundagolfclub@outlook.com

l,		(F	ull Name)
Address:	Suburb:	Postcode:	
Telephone: M:	E:		
Date of Birth: (required for golf handicap):	Preferred First	Name:	
Previous or current Golf Club membership:		Current GA Handicap:	
Golf Link Number:	Do you wish to make K	apunda your home club?	Yes / No
Wish to apply for membership of the Kapunda	Golf Club in the category indi	icated below <u>(please tick)</u>	
<u>Full Membership</u> : \$425 pa; with full voting rig	shts and full playing rights		
Six-Day Membership: \$365 pa; full voting rights, cannot play on Saturday unless green fees paid			
Winter Membership: \$315 pa; no voting right	ts, full playing rights April – Nove	mber (8 months)	
Summer Membership: \$315 pa; no voting righ	hts, full playing rights Septembe ı	r - April (8 months)	
Junior Member U18: \$80 pa; Less than 18 years of age at date of application and renewal, no voting rights, full playing rights			
Junior Member 18-21 years: \$198 pa; 18-21 years of age at the date of application or renewal, no voting rights, full playing rights			
Scrapes Membership: \$165 pa; no voting righ (This membership is only available to current			
The Club's membership year runs from available during the year - please cont	•	• ·	
	de by Kapunda Golf Club's Co rve Golf Australia's Member I p are subject to approval by t	Protection Policy.	
Signature:	Dat	te:	
Nominated by:	Sec	conded:	
Subscriptions can be paid by I by EFTPOS, or in cash, or by cl or sent to the Club Treasurer			<u>4858</u>