**Application for Membership 2021/21**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | Choose an item. | **Home Phone:** |  |
| **First Name:** |  | **Mobile Phone:** |  |
| **Last Name:** |  | **Work Phone:** |  |
| **Date of Birth:** |  | **Email Address:** |  |
| **Postal Address:** |  | **Fax:** |  |
| **City/Suburb:** |  | **Occupation:** |  |
| **State:** | Choose an item. |  |  |
| **Post Code:** |  |  |  |

*Complete If Applicable:*

|  |  |  |
| --- | --- | --- |
| **Previous Club** | **Last Membership Year** | **Last Official Handicap** |
|  |  |  |

I would like to apply for membership to Paterson Golf Club Inc and request you enter my name in the register for members. I agree to be bound by the Clubs Memorandum and Articles of Association and Rules or Bylaws made there under as a:

**Type of Membership (*please select*):**

|  |  |  |
| --- | --- | --- |
| Adult Male | $260/year |  |
| Adult Female | $260/year |  |
| Junior Male (under 18 years) | $70/year |  |
| Junior Female (under 18 years) | $70/year |  |
| Gold Membership | $400/year |  |

**Please Note**

Pro-rata membership fees only apply from the 1st January to the 30th June.

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Junior:**

Name of Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Proposer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Proposer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Seconder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Seconder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment via direct deposit can be made to the following account. Please supply receipt of payment with application form:

Paterson Golf Club | BSB: 646-000 | Acct: 10-000-8631

*Office Use Only*

Payment Received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Receipt No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If application is unsuccessful a full refund will be forwarded to you.**