

DALBY GOLF CLUB

Moreton Street

P.O. Box 323

Dalby Qld 4405

Phone: (07) 4662 2259

Email: admin@dalbygolfclub.com.au

Date: _____ 20 ____

We, the undersigned members of the Dalby Golf Club, hereby nominate:-

Mr/Mrs/Ms _____

Address _____

Town: _____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Occupation: _____ Date of Birth: _____

Other Golf Club Membership _____ Golf LinkNumber _____

PROPOSER: _____ **SECONDER:** _____

.....
I hereby apply for membership of the Dalby Golf Club Inc. in the following class:

- | | |
|--|---|
| <input type="checkbox"/> Ordinary member | <input type="checkbox"/> Adult student (18 - 22 years) |
| <input type="checkbox"/> Pensioner | <input type="checkbox"/> Junior member to 17 years, with handicap |
| <input type="checkbox"/> Country member | <input type="checkbox"/> Junior member to 17 years, no handicap |

I have been advised regarding the public liability insurance.

PUBLIC LIABILITY INSURANCE:

Advice to prospective members as required by clause 70 (4) (a) of the Associations' Incorporation Act 1981 (as amended, 2007).

*The club has public liability insurance in the amount of \$10 000 000 (ten Million Dollars)

Payment Options

I enclose \$ _____ being the full amount of my fees (inc GST)

I agree to complete a Pay as you Golf form to pay my fees in installments

Signature of Applicant: _____

XX

OFFICE USE ONLY

Total Received: \$ _____ Receipt Number: _____ Balance Owing: _____

Membership Number: _____ GolfLink Number: _____

Date: _____ Signature of Administrator: _____