TILLIGERRY RSL SPORTS CLUB LTD One Membership ... Two Clubs! Membership Application Form

Mr/Mrs/Ms/Miss SURI	NAME		GIVEN NAME/S
ADDRESS			
PHONE (HOME)		MOBILE	
EMAIL			
DATE OF BIRTH		OCCUPATION	
EMERGENCY CONT	ACT NAME		NUMBER
TYPE OF MEMBERS	HIP		
SOCIAL \$11	AGE	D PENSIONER \$9	FULL GOLF \$620
SOCIAL 3 YEAR \$28	AGE	D PENSIONER 3 YR \$22	2 FULL GOLF AGED \$570
SOCIAL 5 YEAR \$39	AGE	D PENSIONER 5 YR \$30	5 DAY GOLF \$480
Inter Golf (18/20)\$370	JUN	IOR GOLF (12-17) \$80	CADET GOLF(U12) \$50
IF APPLYING FOR G	OLF MEMBERSH	IIP	
NAME OF CURRENT	OR FORMER CL	.UB	
GOLFLINK NUMBER			_ CURRENT HANDICAP
DO YOU WANT TANI	LBA BAY GOLF	CLUB TO BE THE HOME	E CLUB ?
my name on the regis Association, Rules or	ter of members ac By-Laws. I am aw	ccordingly. I agree to be b	igerry RSL Sports LTD and request you to enter bound by your Memorandum and Articles of embership in the following board meeting, I will be full refund.
SIGNATURE			DATE
NOMINATORS We th	e undersigned, wi	sh to nominate the above	e person for membership to this Club
PROPOSER			MEMBER NO
SECONDER			MEMBER NO
OFFICE USE ONLY PHOTO ID REFERE			_ SIGHTED BY
BOARD PROCESS	DATE	MEMBER NO	SISSUED
AMOUNT PAID		PROCESSED	BY