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

Mr/Mrs/Ms/Miss SURNAME		GIVEN NAME/S
ADDRESS		
	DEPOSTAL	
PHONE (HOME)	MOBILE	
EMAIL		
	OCCUPATION	
EMERGENCY CONTACT NAME	ENU	MBER
TYPE OF MEMBERSHIP		
SOCIAL \$11	AGED PENSIONER \$9	FULL GOLF \$665
SOCIAL 3 YEAR \$28	AGED PENSIONER 3 YR \$22	FULL GOLF AGED \$610
SOCIAL 5 YEAR \$39	AGED PENSIONER 5 YR \$30	5 DAY GOLF \$510
Inter Golf (18/20)\$400	JUNIOR GOLF (12-17) \$100	CADET GOLF(U12) \$50
IF APPLYING FOR GOLF MEMI	BERSHIP	
NAME OF CURRENT OR FORM	MER CLUB	
GOLFLINK NUMBER	CURRE	ENT HANDICAP
DO YOU WANT TANILBA BAY	GOLF CLUB TO BE THE HOME CLUB ?	?
my name on the register of mem Association, Rules or By-Laws. I	esire to become a member of Tilligerry RS abers accordingly. I agree to be bound by am aware that if I am denied Membershind in my membership card for a full refund	your Memorandum and Articles of ip in the following board meeting, I will be
SIGNATURE	DATE	
NOMINATORS We the undersig	ned, wish to nominate the above person	for membership to this Club
PROPOSER		R NO
SECONDER		R NO
OFFICE USE ONLY PHOTO ID REFERENCE	SIGHT	ED BY
BOARD PROCESS DATE	MEMBER NO ISSUED)
AMOUNT PAID PROCESSED BY		