



TILLIGERRY RSL SPORTS CLUB LTD

One Membership ... Two Clubs!

Membership Application Form

Mr/Mrs/Ms/Miss SURNAME _____ GIVEN NAME/S _____

ADDRESS _____

STATE _____ POSTCODE _____ POSTAL _____

PHONE (HOME) _____ MOBILE _____

EMAIL _____

DATE OF BIRTH _____ OCCUPATION _____

EMERGENCY CONTACT NAME _____ NUMBER _____

TYPE OF MEMBERSHIP

SOCIAL \$11	<input type="checkbox"/>	AGED PENSIONER \$9	<input type="checkbox"/>	FULL GOLF \$685	<input type="checkbox"/>
SOCIAL 3 YEAR \$28	<input type="checkbox"/>	AGED PENSIONER 3 YR \$22	<input type="checkbox"/>	FULL GOLF AGED \$630	<input type="checkbox"/>
SOCIAL 5 YEAR \$39	<input type="checkbox"/>	AGED PENSIONER 5 YR \$30	<input type="checkbox"/>	5 DAY GOLF \$530	<input type="checkbox"/>
Inter Golf (18/20)\$410	<input type="checkbox"/>	JUNIOR GOLF (12-17) \$100	<input type="checkbox"/>	CADET GOLF(U12) \$50	<input type="checkbox"/>

IF APPLYING FOR GOLF MEMBERSHIP

NAME OF CURRENT OR FORMER CLUB _____

GOLFLINK NUMBER _____ CURRENT HANDICAP _____

DO YOU WANT TANILBA BAY GOLF CLUB TO BE THE HOME CLUB ? _____

I, the above named nominee, desire to become a member of Tilligerry RSL Sports LTD and request you to enter my name on the register of members accordingly. I agree to be bound by your Memorandum and Articles of Association, Rules or By-Laws. I am aware that if I am denied Membership in the following board meeting, I will be informed by mail and I am to hand in my membership card for a full refund.

SIGNATURE _____ DATE _____

NOMINATORS We the undersigned, wish to nominate the above person for membership to this Club

PROPOSER _____ MEMBER NO _____

SECONDER _____ MEMBER NO _____

OFFICE USE ONLY

PHOTO ID REFERENCE _____ SIGHTED BY _____

BOARD PROCESS DATE _____ MEMBER NO ISSUED _____

AMOUNT PAID _____ PROCESSED BY _____