

MEMBERSHIP APPLICATION FORM

Flagstaff Hill Golf Club Inc

SURNAME: Mr / Mrs / Miss / Ms _____

GIVEN NAME(s) _____ **PREFERRED NAME** _____

HOME ADDRESS _____

SUBURB _____ **POSTCODE** _____

POSTAL ADDRESS (if different from above) _____

SUBURB _____ **POSTCODE** _____

PHONE _____ **EMAIL** _____

DATE OF BIRTH _____

EMERGENCY CONTACT _____ **PHONE** _____

Would you like to nominate Flagstaff Hill as your home club? Y / N

Current Golf Link number and home club if applicable

MEMBERSHIP TYPE (please circle)

Platinum Membership	Gold Membership	Silver Membership
Under 30 "Youth"/"Young Adult"	Junior Membership	9 Hole Bronze Membership
Lifestyle Membership	Social Membership	Try Golf

PAYMENT METHOD

Will payment be made in full or direct debited monthly? Full / Instalments

Please note: instalments will incur a monthly \$7.50 processing fee

BANK ACCOUNT DETAILS

Name: Flagstaff Hill Golf Club Inc

BSB: Available on request

Account No:

CREDIT CARD DETAILS

VISA **MasterCard** **AMEX**

Name _____

Number _____

Expires _____ **CVV** _____

Signature _____