

Are you a holder of an Australian Handicap (Yes/No)

Handicap Club _____

If yes, what is your Home Club _____

Do you have a Golf Link number? (Yes/No)

If yes to questions above please provide your

Golf Link number _____

I, (Mr/Mrs/Miss/Ms) _____

of _____

Desire to become a Member of the Corowa Golf Club Ltd and request you to enter my name on the Register of Members accordingly . When I am accepted as a Member., I agree to be bound by your Memorandum and Articles of Association and Rules or By-laws made thereunder. I understand that the membership year is from 1st of October to 30th September. PURSUANT TO THE MEMORANDUM OF ASSOCIATION, every Member has undertaken, in the event of a deficiency on winding up, to contribute an amount not exceeding five dollars (\$5.00). The Corowa Golf Club Ltd policy is not to refund subscription fees to Members.

Signed _____ Dated _____

We, the undersigned hereby propose and second the above application for Membership of the Corowa Golf Club Ltd.

(Proposer Name) BLOCK LETTERS

(Signature Proposer)

Membership No _____

(Seconder Name) BLOCK LETTERS

(Signature Seconder)

Membership No _____

All applicants for membership must be proposed by one and seconded by another Financial Golf Member of the Club. (EXCLUDING Junior Members) Provisional Membership. Upon completion of the Membership application form and payment of the full fees relevant to the category of the Membership applied for, a person will become a provisional Member. A Provisional Member shall be entitled only to the social facilities and amenities of the Club and shall not be entitled to attend or vote at any meeting of the Club, nominate for or be elected to the Board or any office of the Club or to participate in the management , business and affairs of the Club in any way. Should a person whom is admitted as a Provisional Member not be elected to full membership of the Club within six (6) weeks from the date of lodging an application form with the Secretary or should his/her application for full membership be refused (whichever is sooner) he/she shall cease to be a Provisional Member of the Club and the annual subscription submitted with his/her nomination shall forthwith be returned to the applicant.

ANNUAL REPORT

- I wish to access the Annual Report on the Clubs website at www.corowagolf.com.au
- I wish to receive a copy of the Annual Report via E-mail. My E-mail address is:

- _____
 I wish to receive a hard copy of the Annual Report



APPLICATION FOR MEMBERSHIP 2016/2017

Membership Renewal is due by
1st October 2017

ABN 59 001 071 110
Hume Street
(P.O. Box 13)
COROWA NSW 2646

Phone: (02) 6033 1466
Fax: (02) 6033 3607
E-mail: reception@corowagolf.com.au
Web site: www.corowagolf.com.au

Membership Fees

() Full Member

\$550.00

Clubhouse, Golf, Voting rights

() Country Member

\$150.00

Clubhouse, Golf, Voting rights. Must reside outside 40 km radius of Corowa Post Office. Can play in all competitions.

() First Year Country Member

\$89.00

Must not have been a Financial club member of Corowa in the last 3 years
Clubhouse, Golf, Voting rights. Must reside outside 40 km radius of Corowa Post Office. Can play in all competitions.

() 25 & Under Member

\$250.00

Clubhouse, Golf, Voting rights

() Social Golf - 7 Days

\$370.00

Clubhouse, Voting rights, Social golf 7 days a week. Can not hold an Australian handicap and is ineligible to play competition golf under this category

() Pay to Play Membership

\$99.00

Clubhouse, Golf*, Voting Rights, Must reside **within** 40km radius of Corowa Post Office
*Eligible to hold GA Handicap and play in all club competitions. Required to pay a discounted Green Fee to play either social or competition golf (\$25/18 holes & \$15/9 holes)

() Junior Member

\$40.00

Separate application form available at Reception

() Social Member

\$15.00

Clubhouse

() Frequent Player Discount

On Capital Improvement Levy

Any member who pays \$450.00 up front is not required to pay any further Levy Fees for the year.

PLEASE TICK APPROPRIATE

Note: GST and Golf Link Fees

included in Membership Fee

PLEASE PRINT

I, MR/MRS/MISS/MS

GIVEN NAMES

SURNAME

KNOWN AS

OF, (RESIDENTIAL ADDRESS)

TOWN

STATEPOSTCODE

POSTAL ADDRESS (IF DIFFERENT)

TOWN

STATEPOSTCODE

TELEPHONE NUMBER

MOBILE NUMBER

E-MAIL

OCCUPATION

DATE OF BIRTH

PAYMENT: CHEQUE CASH

MasterCard Visa

EXPIRY DATE _____ / _____

Please ensure the above fields are correct so we can keep you informed and rewarded

| |
|---------------------------------|
| Rec No: _____ |
| Date Rec: _____ |
| Cash/Chq/Credit Card/Debit Card |
| Received By: _____ |
| Membership Category: _____ |

Office Use Only