



GOLF MEMBERSHIP APPLICATION

PERSONAL DETAILS

Surname _____ First Name _____ Date of birth _____
Occupation _____ Email _____
Address _____ Postcode _____
Mobile phone _____ Business phone _____

EMERGENCY CONTACT

Name _____ Phone _____ Relationship _____

EXISTING MEMBERSHIP INFORMATION

Do you have a golf link number Yes No Golf link number _____
Existing member of another club Yes No Make GCC your home club Yes No

PRIVATE GOLF CART

Will you use your own motorised cart Yes No Electric Petrol
Serial Number _____ Insurance policy copy attached Yes No

MEMBERSHIP DETAILS

I am applying to Gibraltar Country Club for a golfing membership in the category selected below:

Full membership _____ \$625
Under 21 years old _____ \$150
Annual use of own cart/scooter/segway _____ \$150

AGREEMENT

I acknowledge that my membership of Gibraltar Country Club is a non-voting membership and that operational and management decisions are made by Gibraltar Country Club. I agree to my contact details being stored on the Gibraltar Country Club database for communication relating to Club events or activities.

Applicant signature _____ Date _____

OFFICE USE	Entered by _____ Date _____ Signed _____
	Payment method <input type="checkbox"/> Credit card <input type="checkbox"/> Eftpos <input type="checkbox"/> Direct deposit <input type="checkbox"/> Cash <input type="checkbox"/> Cheque
	Member number _____ <input type="checkbox"/> Member card issued <input type="checkbox"/> Welcome pack
	Approved by _____