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APPLICATION FOR COUNTRY CLUB MEMBERSHIP

Personal Details

Surname:	Given Name:	Occupation:
Email:	Mobile:	Date of Birth:
Address:	Suburb:	Postcode:
Home Phone:	Business Phone:	

Family Membership (if applied for)

Surname:	Given Name:	Occupation:
Email:	Mobile:	Date of Birth:
Address:	Suburb:	Postcode:
Home Phone:	Business Phone:	

Contact in an Emergency

Name:	Relationship:	Phone:
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Existing Membership Information

Do you have a Golf Link Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Golf Link No:
Existing Member of another Club:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Make GCC your Home Club: <input type="checkbox"/> Yes <input type="checkbox"/> No

Private Golf Cart Information

Do you own a Motorised Cart?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Electronic <input type="checkbox"/> Petrol	Serial Number:
Proof of Liability Insurance (copy of policy attached):	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I am applying to Gibraltar Country Club for a Golfing Membership in the category selected below:

- Full Membership \$500.00
- Family Membership (Spouse, Sibling or Child) \$250.00
- Junior Membership (Under 18, no Family Membership discount) \$100.00
- Use of own Golf Cart/Scooter/Segway annually \$150.00

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.

Signature of Applicant	Date:
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Office Use Only	Entered By _____ Date _____ Signed _____
	Payment Method Cash <input type="checkbox"/> Eftpos <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Deposit
	Member Number _____ Membership Card Issued <input type="checkbox"/> Welcome Pack <input type="checkbox"/> Approved By _____