

Application for Membership

I hereby apply for membership to the Armidale Golf Club Limited. Financial Year ending June 30, 2021.

Name:				
Title	Full Name			
Residential Address:				
Postal Address:				
(If different from above)				
Date of Birth:/	Mobile Phone:			
Home Phone:	E-mail:			
Emergency Contact & Mobile:				
At times other members may v	wish to contact you. Do you give permission for Armidale Golf Club to other members. YES / NO.			
Occupation:				
Name of Employer or Busines	s:			
Golflink Number:				
If not, how long have you bee	n playing golf?years. My last handicap was			
at	Golf Club. Par of Course:			
If elected, will Armidale be yo	our home club for handicapping purposes? YES / NO.			

		GOLD Golfing Member (Over 21 year	\$880			
		Golfing Member (Over 21 years of ag	e)	\$660		
		Country Member (resident more than !	\$165			
	UNE Student Membership (Current UNE Student) (21 Years and over)			\$165		
		Octo Plus membership (80yrs and ov	\$220			
		Daylight Savings Membership (daylig	\$440			
		Junior (under 21 years of age)	\$75			
		Cadet Member (12 years of age and u	\$5.50			
		Social Golfing Member (Discounted S	\$275			
		House Member (Allows use of Club H	\$11			
	I agree to be bound by the Articles of Association of the Armidale Golf Club Ltd and the provisions of the registered Clubs Act 1976.					
!	Signed:		Date:	_//		
.EASE PRINT	Proposed by: Signature:					
EASE PRINT	Seconded l	oy:	Signature:			
(OFFICE USI	E Date received://				
		Paid Subscriptions \$	Receipt No	_Date		

I wish to become a: