



RIVERSDALE BEACH GOLF CLUB

I hereby apply for membership of the **RIVERSDALE BEACH GOLF CLUB** and agree to abide by its constitution.

SURNAME

Mr/Mstr

Mrs/Miss/Ms

(If 18 years or younger)

JUNIOR

D.O.B. | |

JUNIOR

D.O.B. | |

ADDRESS

SUBURB

CITY

POSTCODE

PHONE

Email

If you have been or are a member of another club please indicate where

Do you wish your handicap to be held at this course?

Select one

YES

NO

Please indicate membership category

2022/2023 SUBSCRIPTIONS

PLAYING MEMBER \$425

MEMBER \$85

JUNIOR \$30

SECONDARY MEMBER* \$370

*Already a full member at another club

a club officer will be in touch to confirm and complete the membership set-up

SIGNATURE

PROPOSER

SECONDER

Date

Date application lodged

Received by Club Officer
