



# RIVERSDALE BEACH GOLF CLUB

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

SURNAME

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Mr/Mstr

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Mrs/Miss/Ms

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(If 18 years or younger)

JUNIOR

D.O.B. | |

JUNIOR

D.O.B. | |

ADDRESS

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SUBURB

CITY

POSTCODE

PHONE

Email

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

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

Select one

YES

NO

Please indicate membership category

## 2021/2022 SUBSCRIPTIONS

PLAYING MEMBER ..... \$400

MEMBER ..... \$80

JUNIOR ..... \$30

SECONDARY MEMBER\* ..... \$350

\*Already a full member at another club

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

SIGNATURE

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PROPOSER

SECONDER

Date

Date application lodged

Received by Club Officer