



# Membership Application Form

Select your Membership Category	7 Day Member	Intermediate (18-25 years)	Junior Member	Sub Junior	Ladies Novice	Lifestyle Member
Cost	\$	\$	\$	\$	\$	\$

Title	Mr	Mrs	Miss	Ms
Surname				
Given Names				
Preferred Name			Date of Birth	Day:    Month:    Year:
Address			Post Code	
Postal Address			Post Code	
Home Phone	(    )		Work Phone	(    )
Mobile				
Email Address				
Occupation			Employer	

	Yes	No
Have you previously been a member of the Cairns Golf Club? <i>If yes, (approx.) date of resignation:</i>		
Are you a current member of another club? <i>If yes, name of other club and golf link number:</i>		
Do you want Cairns Golf Club to be your home club?		
Do you have a current Golf Australia Handicap?		
Have you been suspended or expelled from another Golf Club? <i>If yes, please give details:</i>		

Please sign and date below:

Applicant:	Date:	/    /
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This form can be lodged together with payment [details]:		
Deliver in person	Mail	Email
Cairns Golf Club Links Dr, Woree Qld	The General Manager Cairns Golf Club PO Box 40 Earlville 4870	membership@cairnsclub.com.au
Office Use Only	Receipt Number: .....	Processed Stamp:
	New Golf Link No.: 406030    _    _    _    _	
Membership Card Issued:    Yes <input type="checkbox"/> No <input type="checkbox"/>		