



Membership Application Form

Select your Membership Category	7 Day Member <input type="checkbox"/>	Intermediate (18-23 years) <input type="checkbox"/>	Junior Member <input type="checkbox"/>	Sub Junior <input type="checkbox"/>	Ladies Novice <input type="checkbox"/>
Cost	\$1150	\$580	\$130	\$25	\$375

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> 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>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a current member of another club? <i>If yes, name of other club and golf link number:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you want Cairns Golf Club to be your home club?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current Golf Australia Handicap?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been suspended or expelled from another Golf Club? <i>If yes, please give details:</i>	<input type="checkbox"/>	<input type="checkbox"/>

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 ____	