



RIVERSIDE
GOLF CLUB
T A S M A N I A

P O Box 140
Riverside 7250
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Email: info@riversidegolf.com.au
Web: www.riversidegolf.com.au

APPLICATION FOR MEMBERSHIP

MEMBERSHIP CATEGORY			
<input type="checkbox"/> Full (male & female)	<input type="checkbox"/> 6 Day (male & female)	<input type="checkbox"/> 1st year Intro. Deal	<input type="checkbox"/> Limited Playing (5 games per year)
<input type="checkbox"/> Country (20k from club)	<input type="checkbox"/> Country (50k from club)	<input type="checkbox"/> Country (100k from club)	<input type="checkbox"/> Nine (9) Hole Member
<input type="checkbox"/> Junior Under 15	<input type="checkbox"/> Junior Under 18	<input type="checkbox"/> Junior 18 - 21	<input type="checkbox"/> Student 18+ (Fulltime & Apprentices)
<input type="checkbox"/> Club House	<input type="checkbox"/> Interstate	<input type="checkbox"/> 3 Month Trial	<input type="checkbox"/> Lifestyle
Sports Club Membership			
<input type="checkbox"/> Winter (1st April - 30th September)		<input type="checkbox"/> Summer (1st October - 31st March)	
PERSONAL DETAILS			
Gender		Female	Male
Last name (please print): _____			
Given names (please print): _____			
Date of birth: __/__/____			
Title: Mr Mrs Miss Master Other (please specify) _____			
Previous Club: _____		Handicap: _____	Golf Link No: _____
Riverside Golf Club as Home Club: Yes No			
RESIDENTIAL ADDRESS			
No. and Street: _____			
Suburb: _____		Post Code: _____	
POSTAL ADDRESS: _____			
_____		Post Code: _____	
CONTACT DETAILS			
Phone Home: (__) _____		Phone Work: (__) _____	
Mobile: _____		Email: _____	
EMERGENCY CONTACT DETAILS			
Full name: _____		Relationship: _____	Contact Ph. No. _____

I hereby apply to be admitted as a member of the Riverside Golf Club Incorporated subject to the provisions of the Club Rules. I understand that membership is continuous and I agree to meet my financial obligations to the Club and that cancellation of my membership is required in writing submitted (before 31st January in order not to incur the fees for the year) to the Board through the club's office together with any arrears in membership subscriptions. The Board may grant leave of absence for a member who is unable to play for an extended period due to a medical condition; a Doctors certificate is required for the period of the absence. I declare that all details of this application are true.

Signature of Applicant: _____

Date: __/__/____

Proposer (please print): _____

Signature: _____

Seconder (please print): _____

Signature: _____