

# ECHUNGA GOLF CLUB Inc

Cnr Dolman & Hahndorf Rds Echunga SA 5153  
PO Box 53 ECHUNGA SA 5153  
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ABN 43 609 100 206

Sec Rec.....

Acknowledged.....

Approved .....

Ack; Approval.....

## APPLICATION FOR MEMBERSHIP

No:.....

Mr / Mrs / Ms / Miss .....

Surname .....

Given Names .....

Preferred Name .....

Residential Address .....

.....P/code.....

Postal Address.....

(If different from above)

.....P/code.....

Phone: Home.....Wk.....Mobile.....

Email..... Occupation.....

Date of Birth ..... Current Handicap ..... (Written confirmation required)

Have you a Golf Link Number? Y / N If yes quote Golf Link No. ....

Do you wish to make Echunga Golf Club your HOME CLUB for Handicapping purposes? Y / N

If Echunga Golf Club is NOT TO BE YOUR HOME CLUB please advise the name of your

HOME CLUB .....

Do you use a Ride on Buggy? Y / N (If "Yes" a Medical Letter is required)

I, declare that the above particulars are correct and hereby apply for membership of the Echunga Golf Club Inc as a (Please circle the required classification)

**7 Day Member 6 Day Member Youth (age 19-24) Junior (18yrs and under)**

**AND** if accepted, agree to be bound by the Club's Constitution and Rules

Signed: ..... Date .....

Nominated by :- (please sign and print name)

Sign ..... Print .....

Annual Fee or Part Fee \$..... Receipt No: ..... Received by.....

Total Amount Due \$..... Disc issued..... By.....