



KEPERRA COUNTRY GOLF CLUB

ABN: 47 009 661 278

Duggan Street, Keperra, QLD, 4054
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www.keperragolf.com.au

APPLICATION FOR MEMBERSHIP

Preferred Membership Category

Membership Categories	Gender (M/F)	Playing Rights	Voting Rights
<input type="checkbox"/> 7 Day Ordinary	<input type="checkbox"/>	7 Days	Yes
<input type="checkbox"/> 6 Day Ordinary	<input type="checkbox"/>	Sunday – Friday	No
<input type="checkbox"/> 5 Day Ordinary	<input type="checkbox"/>	Monday – Friday	No
<input type="checkbox"/> Junior (12 -17)	<input type="checkbox"/>	7 Days	No
<input type="checkbox"/> Intermediate 2 (22-24)	<input type="checkbox"/>	7 Days	No
<input type="checkbox"/> Intermediate 1 (18-21)	<input type="checkbox"/>	7 Days	No
<input type="checkbox"/> Scholar (1 st Degree or recognized course – age limits apply)	<input type="checkbox"/>	7 Days	No

PERSONAL DETAILS

Mr/Mrs/Miss/Ms _____

Address _____

Suburb _____ Postcode _____

Occupation _____ Employer _____

Phone Number (H) _____ (W) _____ (M) _____

Date of Birth ___/___/___ Email _____

• In compliance with SPAM Act please tick box if you do not wish to receive emails

Signature of Applicant _____ Date _____

GOLFING HISTORY

Are you a member of another Golf Club?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, club name _____	H/C _____	Golf Link No _____		
Have you been a member of another Golf Club?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, club name _____	H/C _____	Golf Link No _____		
Are you a member of a Social Club? ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, club name _____	H/C _____			

APPLICATION VERIFICATION

3 Referees (Not to be Relatives)

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Proposed by _____ (7 Day member of KCGC)

Seconded by _____ (7 Day member of KCGC)

Referred by (if applicable) _____ (Any Member KCGC)

* If you are having a problem finding a proposer or seconder please make an appointment to speak to the General Manager

APPLICABLE FEES

Nomination Fee \$ _____ Annual/ Pro Rata Subscription \$ _____

PAYMENT OPTIONS

Please circle: CASH CHEQUE CREDIT CARD

Credit Card Type: Visa Bank Card Master Card Only

Amount \$ _____

Credit Card No: _____

Expiry Date: _____ CCV: _____

Signature of Cardholder: _____

NB. ALL MEMBERSHIP NOMINATIONS ARE SUBJECT TO BOARD APPROVAL
CCV Number is the last 3 digits on the signature panel on the back of your credit card.