



KEPERRA COUNTRY GOLF CLUB

ABN: 47 009 661 278

Duggan Street, Keperra, QLD, 4054
PO Box 129, Ferny Hills DC, QLD, 4055

Ph: 3355 7744

Fax: 3855 1255

Email: teeoff@keperragolf.com.au

www.keperragolf.com.au

TRIAL MEMBERSHIP APPLICATION

| |
|---|
| Mr/Mrs/Miss/Ms _____ |
| Residential Address _____ |
| Suburb _____ Postcode _____ |
| Occupation _____ Employer _____ |
| Phone Number (H) _____ (W) _____ (M) _____ |
| Date of Birth ___/___/___ Email _____ |
| <input type="checkbox"/> • In compliance with SPAM Act please tick box if you do not wish to receive emails |
| Signature: _____ |

TRIAL MEMBERSHIP CONDITIONS

- Golf is for social play only
- Bookings are essential
- Valid Sunday to Friday
- Trial membership card must be carried at all times
- Handicaps will only be issued after full membership is taken up
- This offer may only be used once by any person
- Normal member discounts apply during the trial period

PAYMENT OPTIONS

| | | | |
|--|-----------------------------------|---------------|--------------------|
| Please circle : | CASH | CHEQUE | CREDIT CARD |
| Credit Card Type: | Visa, Bank Card, Master Card Only | | |
| Amount | <u>\$ 250.00</u> | | |
| Credit Card No: | _____ | | |
| Expiry Date: | _____ | CCV: | _____ |
| <small>(CCV is the last 3 digits on the signature panel on the back of your credit card)</small> | | | |
| Signature of Cardholder: | _____ | | |