



Tura Beach Country Club Ltd.

ABN 77 151 071 564

Application for Membership

Mr Mrs Miss Ms

Member No:

First Name: _____

Surname: _____

Date of Birth: ____ / ____ / ____

Address: _____

Town/Suburb: _____

State: _____ Postcode: _____

Postal (if different from above): _____

Town/Suburb: _____

State: _____ Postcode: _____

Phone: () _____ Mobile: _____

Email: _____

Driver's Licence: _____

Occupation: * _____

* In accordance with the Registered Clubs Act NSW this information must be provided

What is your preferred choice of contact? Mail Email

I would like to receive a copy of the Annual Report by: Mail Email

I do not require an Annual Report Tick if not required

The Annual report is available at www.turabeachcountryclub.com.au

MEMBERSHIP SUBSCRIPTIONS

- | | | | |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Social – 1 year | <input type="checkbox"/> | Golf Cadet – Under 12yrs | <input type="checkbox"/> |
| Social – 3 years | <input type="checkbox"/> | Golf Intermediate | <input type="checkbox"/> |
| Bowls | <input type="checkbox"/> | Tennis | <input type="checkbox"/> |
| Bowls Junior | <input type="checkbox"/> | Tennis Junior | <input type="checkbox"/> |
| Golf | <input type="checkbox"/> | Indoor Carpet Bowls | <input type="checkbox"/> |
| Golf Country | <input type="checkbox"/> | Extras: | |
| Golf Student – 18yrs | <input type="checkbox"/> | Golf Cart | <input type="checkbox"/> |
| Golf Junior – 12 to 17yrs | <input type="checkbox"/> | Golf Bike | <input type="checkbox"/> |

(continued over)

Application for Membership

(continued)

To the Board of Directors of Tura Beach Country Club Ltd.

I, _____

of _____

apply to become a member of Tura Beach Country Club Ltd and request you enter my name on the register of Members accordingly. I agree to be bound by your Constitution and By-Laws made thereunder.

Signed: _____ Date: ____ / ____ / ____

Nomination details:

MUST BE FILLED OUT BY A MEMBER OVER THE AGE OF 18 YEARS

Proposer: _____

Signature: _____ Number: _____

Secunder: _____

Signature: _____ Number: _____

Emergency Contact Number: _____

***For further information regarding your application for Membership
please ring the office on (02) 6495 9002.***

OFFICE USE ONLY

Receipt Number: _____

Total: _____

Recorded by: _____

Date: _____

Membership Number: _____

Membership Period: _____

Golf Link Number: _____

Golf Link held at: TURA BEACH ELSEWHERE