



# MEMBERSHIP APPLICATION FORM

## Personal Details

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*House/Unit Number and Street Address* *Suburb/Postcode*

Postal Address: \_\_\_\_\_  
*Suburb/Postcode*

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
*Name* *Phone number*

## Membership Category

<input type="checkbox"/>	Full (7 day)	<input type="checkbox"/>	Junior (10-17YRS)
<input type="checkbox"/>	Restricted (6 day)	<input type="checkbox"/>	Intermediate (18-24YRS)
<input type="checkbox"/>	Country	<input type="checkbox"/>	Tee Off
<input type="checkbox"/>	Gateway Premium	<input type="checkbox"/>	Clubhouse

## Golf Details

**If you are currently or have previously been a member of another Golf Club, please advise:**

Club Name: \_\_\_\_\_

Golf Link number: \_\_\_\_\_ Golf handicap: \_\_\_\_\_

Make Indooroopilly Golf Club my home club? :  Yes  No

## Family Members

**If you are related to any current members of the club please provide details:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Send your completed membership application form to: [r.burchill@icgolf.com.au](mailto:r.burchill@icgolf.com.au) or fax 07 3870 5013.

Indooroopilly Golf Club, Meiers Road, Indooroopilly QLD 4068



# MEMBERSHIP APPLICATION FORM

## Membership Declaration

I confirm that the details provided above are true and correct. If elected as a member of Indooroopilly Golf Club, I will undertake to abide by the Rules of the Club.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Proposer/Seconder

### TO BE COMPLETED BY THE PROPOSER\*

Name: \_\_\_\_\_ Indooroopilly Membership No: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Relationship to the applicant: \_\_\_\_\_

I can vouch for the good character of this applicant.

Signature \_\_\_\_\_

### TO BE COMPLETED BY THE SECONDER

Name: \_\_\_\_\_ Indooroopilly Membership No: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_ Relationship to the applicant: \_\_\_\_\_

I can vouch for the good character of this applicant.

Signature \_\_\_\_\_

**\*If you do not know any current Indooroopilly Golf Club Members, please either provide with your application:**

- a letter of introduction from your previous golf club
- contact details of a person who has known you for more than two years and is happy to be a referee for your application.

### Referee Details :

Name: \_\_\_\_\_ Contact Number \_\_\_\_\_

How long have you known the referee? \_\_\_\_\_ Email: \_\_\_\_\_

### Completed by Membership Manager

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

Entrance Fee \_\_\_\_\_ Entrance Fee Agreement  Yes  No

Board Approval \_\_\_\_\_ Signature \_\_\_\_\_

Membership Confirmation \_\_\_\_\_ Membership Number: \_\_\_\_\_

Send your completed membership application form to: r.burchill@igcgolf.com.au or fax 07 3870 5013.

Indooroopilly Golf Club, Meiers Road, Indooroopilly QLD 4068