MEMBERSHIP APPLICATION FORM

CARBROOK GOLF CLUB

(07) 3287 6499

I wish to apply for the following category of membership:

☐ 7 Day	☐ 6 Day	☐ 5 Day	☐ Intermediate 1	☐ Intermediate 2
☐ Country	☐ Professional	☐ Junior	☐ Corporate (Gold)	☐ Corporate (Platinum)

Tell us a little bit about yourself….

First Name		**Surname**	
Street Address			
Suburb		**Postcode**	
Email			
Phone (H)		**Phone (M)**	
Date of Birth		**Gender**	Male Female
Occupation		**Company/ Business Name**	

Tell us about your golfing background / experience

How long have you been playing golf?

☐ Just started ☐ less than 1 year ☐ 1 - 3 Years ☐ 3 - 5 Years ☐ More than 5 Years

Have you ever been a member of a golf club before? ☐ Yes ☐ No

If you answered "Yes" to above please complete:

_____ Name of Last or current Golf Club

_____ Date Resigned (approx)

_____ Last handicap

Do you want Carbrook to be your home club for handicapping? ☐ Yes ☐ No _____ Golflink number if No

I found out about Carbrook Golf Club and am applying for membership because of (tick more than one if needed):

☐ Friend/ Family is a member ☐ Club Signage ☐ Played a social game ☐ Google
☐ Facebook ☐ Internet ☐ Inside Golf Magazine ☐ Other _____

If you were referred by a current member please let us know who they are so we can say thanks:

_____

I agree to abide by the Constitution and By-Laws of Carbrook Golf Club Inc and declare the above information to be true and accurate.

Signature of Applicant _____ Date _____

Scan and email the completed form to: admin@carbrookgolfclub.com.au or just pop in and see us at the Club.

Expect to hear from us within a few days.

Date Approved ☐ Member # ☐ Payment ☐