


MEMBERSHIP APPLICATION FORM



I wish to apply for the following category of membership:

 (07) 3287 6499

<input type="checkbox"/> 7 Day	<input type="checkbox"/> 6 Day	<input type="checkbox"/> 5 Day	<input type="checkbox"/> Intermediate 1	<input type="checkbox"/> Intermediate 2
<input type="checkbox"/> Country	<input type="checkbox"/> Professional	<input type="checkbox"/> Junior	<input type="checkbox"/> Corporate	<input type="checkbox"/> Trial Special

Your Personal Contact Information

First Name		Last Name	
Address			
Suburb		Postcode	
Email		Male	Female
Mobile		Date of Birth	
Occupation		Employer	
Emergency Contact		Emergency Phone	

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 _____
Golfink 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/ Instagram 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: _____

Please note that your Membership application will need to be approved by the Club's Board of Directors prior to being formalised. We do however provide you with temporary membership rights until this time.

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 _____

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

Office Use Only

MP	MiC	Payment	Card	Refer	GL	#	Date:
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