

primegolf



Application Form

Complete this form and send with payment to:

The Links Kennedy Bay
 PO Box 8179
 Warnbro WA 6169
 08 9524 5991

Member Details:

Title: _____ First Name: _____ Surname: _____
 Address: _____
 Suburb: _____ State: _____ P/Code: _____
 Work Tel: _____ Home Tel: _____ Mobile: _____
 Email: _____
 Date of Birth: ____ / ____ / ____ Handicap: _____
 Current Golf Memberships: _____ Golflink No. _____
 Would you like The Links Kennedy Bay to be your home club? _____
 Emergency Contact: Name _____ Tel No. _____

Membership Categories (valid until 30/6/2017)

<input type="checkbox"/> FULL Membership	<input type="checkbox"/> FULL Senior (60+)	<input type="checkbox"/> 5-DAY (Mon-Fri)	<input type="checkbox"/> 5-DAY Senior (60+)
\$2003.90 Membership Fee	\$1639.60 Membership Fee	\$1349.15 Membership Fee	\$1214.25 Membership Fee
\$60 Affiliation/Insurance	\$60 Affiliation/Insurance	\$60 Affiliation/Insurance	\$60 Affiliation/Insurance
\$340 Bar Levy	\$170 Bar Levy	\$170 Bar Levy	\$170 Bar Levy
Total: \$2403.90 inc GST	Total: \$1869.60 inc GST	Total: \$1579.15 inc GST	Total: \$1444.25 inc GST

I, (print name) _____ apply for membership at The Links Kennedy Bay and hereby agree to the Dress Code, By Laws and Constitution of the Club.

I hereby acknowledge the rights of the Management Committee of The Links Kennedy Bay in accordance with Rule 10 of the Constitution and Rules of the Club.

Signature: _____ Date: _____

Payment Details

Total Payment: \$ _____ (inc GST)

Cash Cheque Direct Deposit Pay as you Golf

(Payable to The Links Kennedy Bay)

Bank Details

BSB: 016-265
 A/c: 4508 21922

www.payasyougolf.com.au

Credit Cards

Visa Card Name: _____
 Mastercard Card No: ____ / ____ / ____ / ____
 Bankcard Expiry Date: __ / __ Signature: _____

Please Note: All Credit Card Payments will incur a 1.5% surcharge