

MCCRACKEN COUNTRY CLUB

GOLF MEMBERSHIP APPLICATION – 2010/11

NAME: _____ MALE/FEMALE: _____

ADDRESS: _____

SUBURB/TOWN: _____ POSTCODE: _____

PHONE (HM): _____ MOBILE: _____

EMAIL: _____ DATE OF BIRTH: _____

Golf Membership: 1st March 2010 - 28th February 2011

CATEGORY	YEARLY	MONTHLY
GOLD	\$2000	\$180
7 DAY	\$1000	\$95
6 DAY	\$850	\$80
VETERAN	\$850	\$80
5 DAY	\$700	\$70
JUNIOR	\$190	N/A
SOCIAL	\$300	N/A

(please circle Category Type & Payment Option - annual or monthly)

I, _____ (name) authorise McCracken Country Club to automatically debit my VISA / MASTERCARD / DINERS / AMEX (please circle) for the provisions of Golf Club Membership as specified below:

Name on card (exactly as printed) Card number Expiry

Cardholder's address

City State Postcode

Please charge my credit card:

MONTHLY - on the 15th of each month, until February 2011 **IN FULL** charge of \$ _____

For Full Yearly Payments only, you may also prefer to pay by:

CHEQUE - please make payable to McCracken Country Club **EFT** - ask us for more information
(cheque & EFT payments not available for monthly payments)

Signed Date