

The Cairns

Golf Membership Application

Name/s: _____

Address: _____

Email: _____

Phone: _____

Membership type for 2017 (tick box):

- | | | |
|--------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | 1 Adult | \$300 |
| <input type="checkbox"/> | 1 Couple | \$500 |
| <input type="checkbox"/> | 1 Junior (17yrs and under) | \$100 |
| <input type="checkbox"/> | Family (children 17 yrs or under) | \$600 |
| <input type="checkbox"/> | Golf cart use when available | \$100 |

Payment options:

(tick one, please include when you submit your form)

- Cash Cheque Online banking

Bank account details:

Westpac 03 0887 0517464 000

For online banking please use initials and last name as reference.

Please send this back using the postal address or email below. Thank you.

